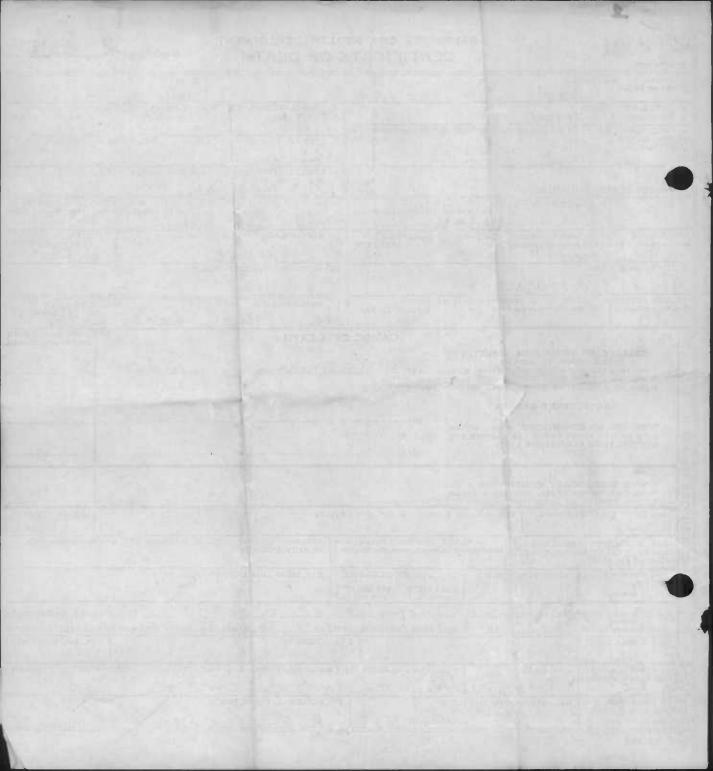
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered Ro 2501

1. NAME OF DECEASED (Type or Print) Marie Smith	2. DATE OF
3. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived, If institution; residence
A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or	A. STATE B. COUNTY before admission)
HOSPITAL OR location	c. CITY OR TOWN (If outside corporate limits, write RUNAL and give township)
University Horpotal	150110.
Mos.	D. STREET ADDRESS (If rural, give location)
	8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hours
WIDOWED, DIVORCED (Specify)	April 27, 1882 last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	VI. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	MIMONARY Va. 1 U.S.a.
Alt. IVIII	14: MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN 9. S. ARMED FORCES? 16. SOCIAL	Cecilla
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	NOWMAN VOLUME LAND LAND 123W
18. 33/X , CAUSE Ó	DE DEATH STREET STREET
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g.,	introversala assider This somi
heart failure, asthenia, etc. It menns the disease, injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	A CONTRACTOR OF THE PARTY OF TH
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
(c)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED	the trial of the state of the s
TO THE DISEASE OR CONDITION CAUSING IT.	ATION 20. AUTOPSY?
4 U	YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg., etc.	or 21C. WHERE DID (If in Baltimore City, give exact location) ic.) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED	21F, HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from 3-8	, 1952, to 3 - 8 , 1957, that I last saw the
deceased alive on 3-8, 1952, and that death occurr	red at 12 Noom., from the causes and on the date stated above.
0, 0.4	3B. ADDRESS
24A. BURIAL, CREMAL 24B. DATE 24C NAME OF GEMETER TYON, REMOVAL (Specify)	RY OR CREMATORY 240. LOCATION (City, town, or count) (State)
Tran-REMOVAL (Specify) March 13.52 91/VI all ul	Luckey, Rallo Alla.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	SEUNERAL DIRECTOR ADDRESS 39
LOCAL REGISTRAR Turtington Williams MAR	Ills Kale A Millians II Somoraly At
VS 150	



BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH

BIRTH	NO.						
	ME OF DE	CEASED	9	71. 000		2. DATE	1
		rethe	· 6.	Suompso		DEATH MA	rely 10 1952
	timore C	ity, Maryland, 3	520W	Attontood	4. USUAL RESIDENCE A. STATE	(Where deceased lived, If	institution: résidence before admission)
a. FUL	L NAME C	OF (If not in hospit	al or instituti	on, give street address or location)		Ballen	are
INSTI	TUTION			7/ location)	C. CITY OR TOWN	(If outside corporate limit	s, write RURAL and give
-6	Calibe	uslow flus	rsing	Home_	Jalline		1-14
			31.	Yrs. Mos.	b. STREET ADDRESS	/	. 1
5. SEX		ay in Baltimore		asa Days	· · · · · · · · · · · · · · · · · · ·		ure.
3.30		6. COLOR OR RACE	WIDOW	. MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years I last birthday) Mo	f Under 1 Year If Under 24 Hours on the Days Hours Min.
70	male	Mule	ma	rried.	ang 19	65	
work done	during most of	UPATION (Give kind of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State o	r foreign country)	12. CITIZEN OF
	usse				Stouth L	akola	11.04
13. FA	THER'S N	AME	//		14. MOTHER'S MAIDEN	NAME	Himmin
	am	es /1	len	2	Mune	Mureno	
(Yes, no	S DECEASED	O EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS .
_				503-12-9421	Mrs. Varrell.	Hinolino 58	21. Highwato
18.	443	× .		CAUSE	OF DEATH		INTERVAL BLIWEEN
	DISEASI	E OR CONDITION	DIRECTLY		1/11/	. // .	ONGET MY DESCH
	(This does	not mean the mode of	f dying, e.g	. (A)	26 Jen	eslegla	4/29.
	heart failur	e, asthenia, etc. It mea complication which c	ns the disease	2,		// //	
					111	17/-	
7	-	ANTECEDENT CAUS	ES	(B)	Malio - vos	enton of you	Lucas 10-yes.
<u>o</u>	DISEASES	OR CONDITIONS, I	ANY, GIVIN	G	21-1		
AT	UNDERLY	ING CONDITION LA	ST.	(C)	rtenoschoo.	Deo	1an.
2				(C)			
Ë		11		20	111	1	athers
	TRIBUTING	GNIFICANT CONDI	NOT RELATE	0 66.	we the		H/2m.
0		SEASE OR CONDITION			RATION		Loc Autonova
7 9	A. DATE OF	F OPERATION 1	9B. MAJOR	FINDINGS OF SPER	TATION O		20. AUTOPSY?
0 21	A ACCIDE	ENT WAS UNDER-	21B. PLA	CE OF INJURY (e. g., i	n or 21c. WHERE DID	(If in Baltimore City, 1	
III IV	ING OR	CONTRIBUTING	sbout home, f	arm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
Σ		Month) (Day) (Year)	(Hope) 1:	21E. INJURY OCCURR	ED 21F. HOW DID INJU	IRY OCCUR?	
	INJURY	(2013)		WHILE AT NOT WHILE		,	
			nı.	WORK AT WORK		2/0	
		certify that I att			, 1975, to_		that I last saw the
		ve on 3/9	, 1952		rred at 6 n., fron	n the eauses and on t	
25	A. S) GNAT	URE AL	2 20	1 1.0	23B. ADDRESS	1041	23C. DATE SIGNED
216	BURIAL, CI	REMA- 24B. DATE	199	M. D.	DAID CREMATORY 240	LOCATION (City, town	or county) (State)
MON. R	EMOVAL (ST	pecify)	6	A CEMETE	7.1	las con la	11
MAD	uscal	March 1	4,7952	would for	eage /h	monere /	ADDRESS
LOCA	RECEIVE	REGISTRAR	SIGNATU	NE.	25. JUNERAL DIRECTO	- Y	I TI MA
	MAKI	319bZ 1 6	5 15	Williams, W	Josens An	so 5005 fs	1 STANO
,	vs 15056	MAR 131	West St.	1860	Dan 1 0 11		3

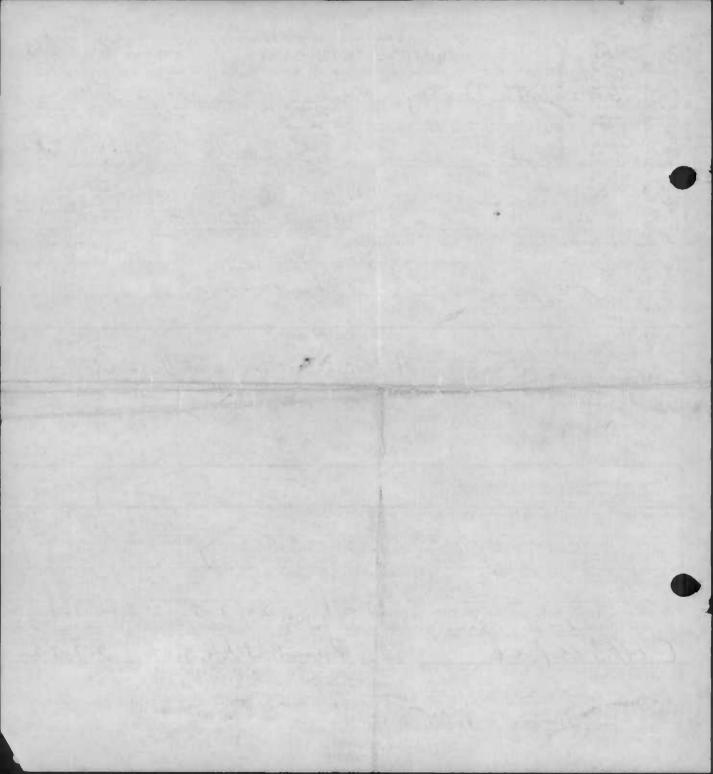
2212 S. onth Pd.

52 2503 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 2503

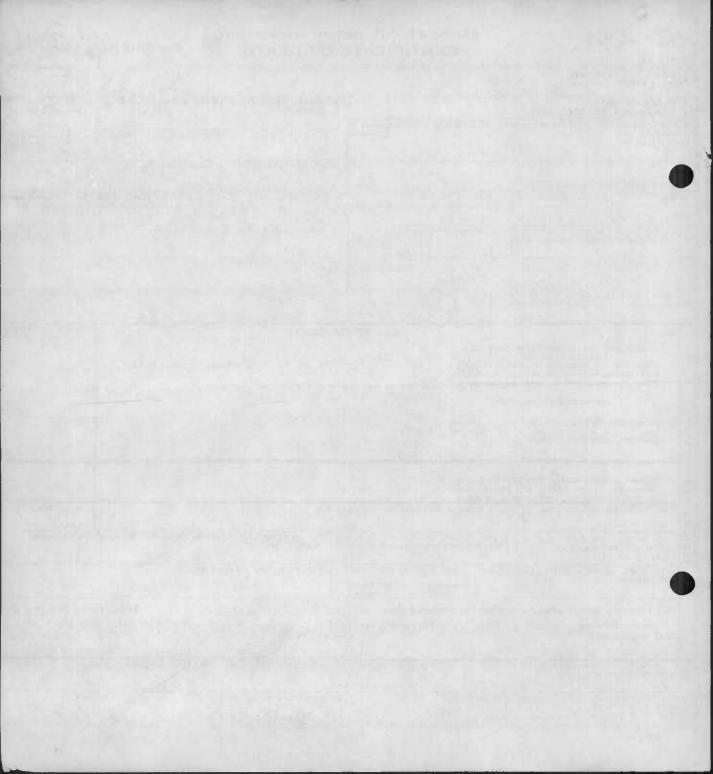
BI	RTH NO.			
	ype or Print) Elizabeth Donsey		2. DATE OF DEATH 2	51952
B. HC	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or location STITUTION)	\	B. COUNTY	institution : residence hefore admission) as write RUISAE and give township)
	Yrs. Mos. Days SEX 6.COLOR OR RACE 7. SINGLE, MARRIED.	2 - 2 C Na	rural, give location)	LA
	WIDOWED, DIVORCED (Specification of USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR		last birthday) Mo	onths Days Hours Min.
work	t done during most of working life, even if retired) FATHER'S NAME			WHAT COUNTRY?
15	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Unknon	~~	
(Yes	s, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT	A	DDRESS
CERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		art Diseas	
CAL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE			YES NO W
MEDICA	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH	"etc.) INJURY OCCUR?	If in Baltimore City,	give exact location)
	21b. TIME (Month) (Day) (Year) (Hour) 21b. INJURY OCCUR! WHILE AT NOT WHILE AT WORK AT WORK	E	/ OCCUR?	
	deceased alive on 2 - 5 , 1952, and that death occurrence of the second occurrence occurrenc	urred and p. m., from t		that I last saw the he date stated above.
TIC	AA. BURIAL, CREMA- ON, REMOVAL (Specify)	OFFINS MEDICAL SCROOL 240 E	00 1952 town	
LC	MAR 14 1952 Huntington Welliams, Apr.	25. FUNERAL DIRECTOR	ser of Health	ADDRESS
	VC 150		1 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	



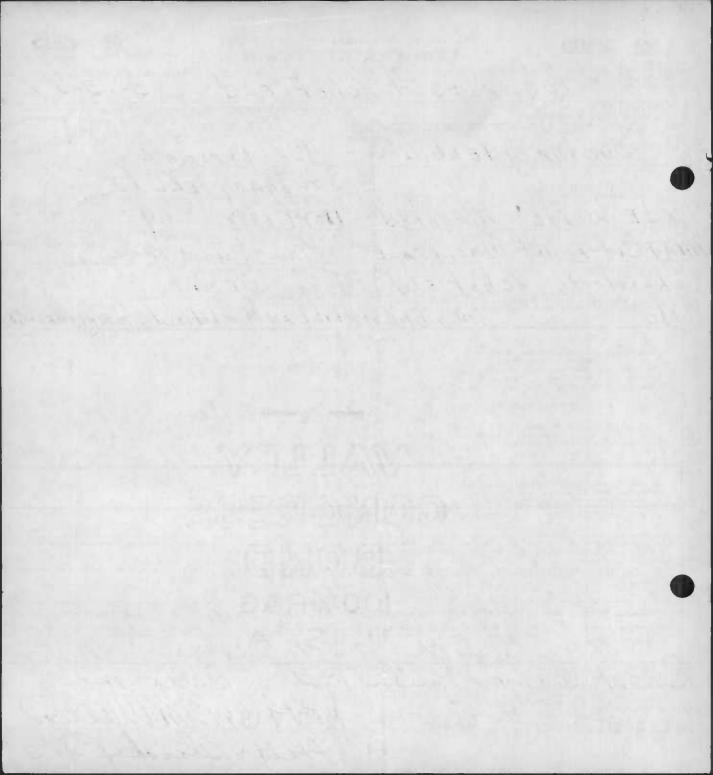
BALTIMORE CITY HEALTH DEPARTMENT

gistered No.2 2504

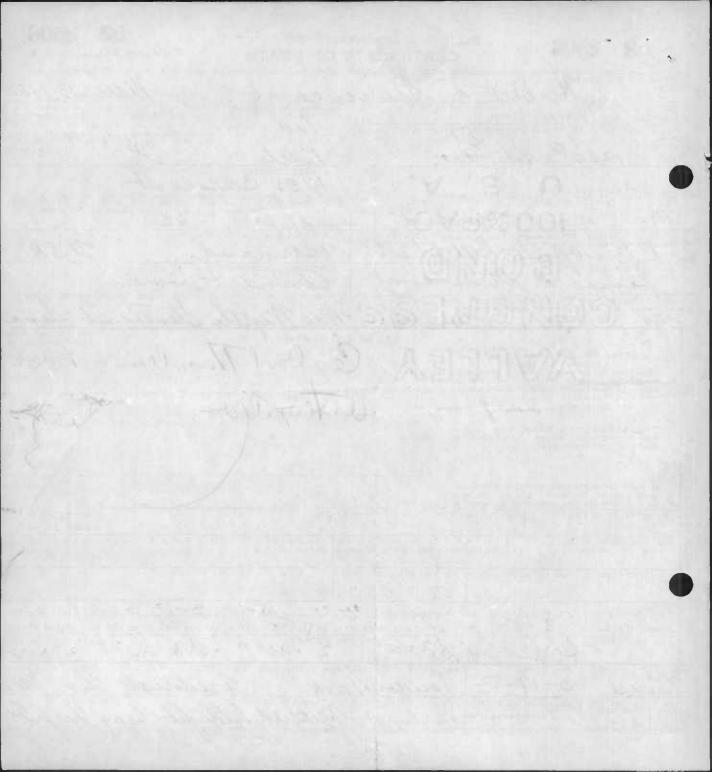
BIRTH NO	0.	CERTIFICATI	E OF DEATH	Registered	NO: THE
1. NAME (Type or F		Arthur Joseph		2. DATE OF DEATH	rch 12, 1952
	OF DEATH:		4. USUAL RESIDENCE (V	Where deceased lived, B. COUNTY	If institution: residence before admission)
B. FULL N HOSPITAL INSTITUT	NAME OF (If not in hospit L OR	al or institution, give street address or location)	The state of the s	outside corporate lin	nits, write RURAL and give
	ot. Jos	ech's Hospital	o. STREET ADDRESS (If	2 L	1-10
Pengti	h of stay in Baltimore	Life Mos.	609 Winston A		
5. SEX	6.COLOR OR RACE	7 SINGLE MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	Wonder 1 Year Wonder 24 Hours Min.
IOA. USU	AL OCCUPATION (Give kind of ang most of working life, even if retired) None		11. BURTHPLACE (State or for	oreign country)	12. CITIZEN OF WHAT COUNTRY?
	Parles Contac	Elger (ANSLM)	14. MOTHER'S MAIDEN N	AME	
	ECEASED EVER IN U. S. ARMEI		17. INFORMANT	ie Rec	ADDRESS
Z DIS	DISEASE OR CONDITION LEADING TO DEA: is does not mean the mode of trailure, asthenia, etc. It mea ary or complication which of ANTECEDENT CAUS SEASES OR CONDITIONS, IF TO THE ABOVE CAUSE (A) DERLYING CONDITION LA	DIRECTLY I'H I'd dying, e. g., ns the disease, aused death.) OUE TO SES (B) TANY, GIVING STATING THE DUE TO		liver	INTERVAL BETWEEN ONSET AND DEATH
W TRI	II HER SIGNIFICANT CONDI BUTING TO THE DEATH, BUT THE DISEASE OR CONDITION	NOT RELATED			
	. 0 3051	98. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
Q 21A. LYING LYING	ACCIDENT WAS UNDER GO OR CONTRIBUTING	21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,		If in Baltimore City	y, give exact location)
	IME (Month) (Day) (Year	(Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE MORK AT WORK		Y OCCUR?	
22. [hereby certify that I att	ended the deceased from Ma	rch 7 , 1952, to Ma	rch 12 , 19	52, that I last saw the
decea		21952 and that death occur			the date stated above
DATE RE	RIAL, CREMA- OVAL (Specify) MAN LS CEIVED BY REGISTRAR A 1059 REGISTRAR	Meja M.D. 24c. NAME OF CEMETE 1852 Parkers 1852 Signature 1852 18	1/100 N. Carolin	e Street OCATION (City, too Sallo., Sono la 49	
vs	150	3 903	D		



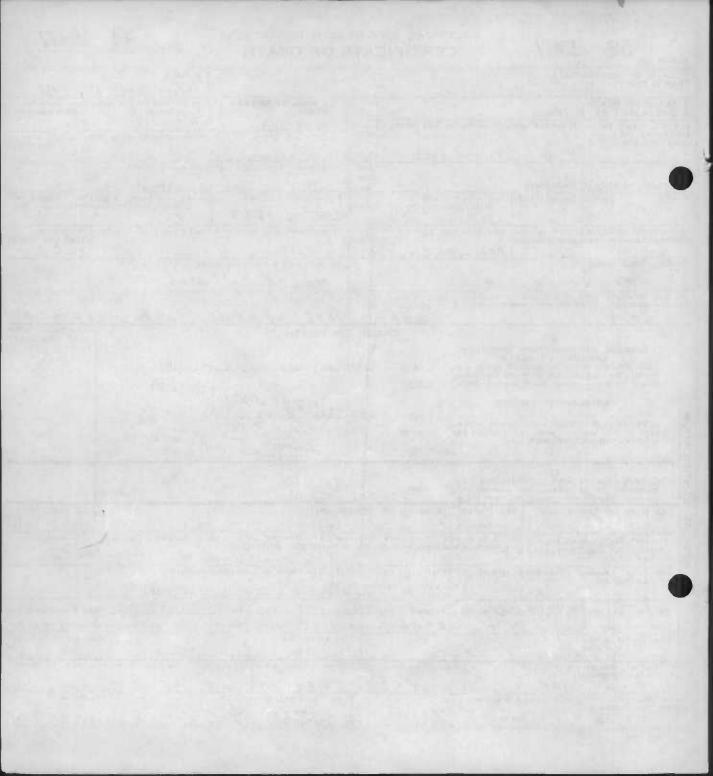
143	
52 2505 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered	52 2505
1. NAME OF DECEASED CONARLES A. Schofield 2. DATE OF DEATH 3.	-13-57
3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY B. COUNTY	If institution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street andress or HOSPITAL OR C. CITY OF TOWN (If outside corporate in	mits, write RCRAL and give
INSTITUTIONS YO MARY DELL NO 19ALT, MORE	township)
Pength of stay in Baltimore Yrs. Mos. Days On MARY OF LL	L
MALE WhitE WHARE OF BIRTH 9. AGE (1) years last birthage)	H Under 1 Yeer H Under 24 Hours Min.
10A. USUAL OCCUPATION (Givenind of 10B. KIND OF BUSINESS OR INDUSTRY) 10BAT UTTER LET WhoLESALE 11. BIRTHPLACE (State or foreign country) 10BALTIMORE MO	12. CITIZEN OF WHAT COUNTRY?
626 SWOPTH SchoFIELD MARY DEMITS	
(Yes, ar runknown) (If yes, give wer or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, give wer or dates of service) 17. INFORMANT (No.) 2. ILLIAN M. Schofield 3:	ADDRESS OF MARY DELLA
18. 179× 1 CAUSE OF DEATH	INTERVAL BETWEEN DISET AND DEATH
DISEA'SE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) (A) (A) (A) (A) (A)	3 9001
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
Z ANTECEDENT CAUSES (B) CARCINIMA Penis	
DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
TRIBUTING TO THE DEATH, BUT NOT RELATED	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	7, give exact location)
S CAGE OF BEATH	
FINJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept. , 1948, to 2/13, 19	5-that I last saw the
deceased alive on 2/12, 1952 and that death occurred at 10 P m., from the causes and on	
o Milt Constlen M.O. 4209 Hud. an	2/13/52
240 (BURIAL, CREMA- TION REMOVAL (Specify) 3-17-57 Sawlow got 19 alto	(State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR 1 1067 Tuntington Williams M. 1007 (3 1 19 M. U.	alter!
MARS 150 G 90 G3 Pratty Strick	e ON.



IZ	35/	000
1	BALTIMORE CITY HEALTH DEPARTMENT	52 2506
	52 2506 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered	No.
=	1. NAME OF DECEASED A 12 DATE MA.	
((Type or Print) Herbert L Stench comb OF DEATH MA	uch 13, 1952
	3. PLACE OF DEATH: a. Baltimore City, Maryland b. COUNTY a. STATA	f institution; residence before admission)
	B. FULL NAME OF (If not in hospital or institution, give street address or	
	INSTITUTION //	ts, write RVRAL and give township)
	1252 Carroll dist. Dalto	
	c. Length of stay in Baltimore Mos. Days 1252 Carroll St	
	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE (In year)	If Under 1 Year If Under 24 Hours
	11. 10. Married Epr 27, 1888 63	onths Days Hours Min.
WO	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
<u>Q</u>	13. FATHER'S NAME	UNH.
	James B. Stinckeont Juna & Swas	w
CX	15. (Yes, bo or unknown) (If yes, give war or dates of service) SECURITY NO. 17. INFORMANT	ADDRESS
	no no 214-05-3124 Mrs. Merille Stevene	out same
	18. 332X CAUSE OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1 / 11spel
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	1200
	injury or complication which caused death.) OUE TO	
,	ANTECEDENT CAUSES UTFLUECCOUNCE	
O	DISEASES OR CONDITIONS, IF ANY, GIVING F RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
AT	UNDERLYING CONDITION LAST.	
F	OTHER SIGNIFICANT CONDITIONS CON-	
	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
A C	21A. ACCIDENT. SUICIDE. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City,	YES NO
	HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	give exact location)
	21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?	
	m. WHILE AT NOT WHILE AT WORK	
	22. I hereby certify that I attended the deceased from 19, to 3, 19	that I last saw the
	deceased alive on 3 195 , and that death occurred at 5 m., from the causes and on the	the date stated above.
	23A. SIGNATURE 23B. ADDRESS () ()	23c. DATE SIGNED
-	24a. BURIAL CREMA- 24B. DATE 24C NAME OF CEMETERY OR CREMATORY 24c. LOCATION (City, town tion) semoval (Specify)	n, or county) (State)
_	Turial 3-11-5- Joudon Park Frederick	Olve Md
	DATE RECEIVED BY REGISTRAR'S SIGNATURE 25, FUNERAL DIRECTOR LOCAL REGISTRAR MAR 1 41952 Registrar Violettus 100 Metaled J. Blight 600	address salar for
1	VS 150	1 1
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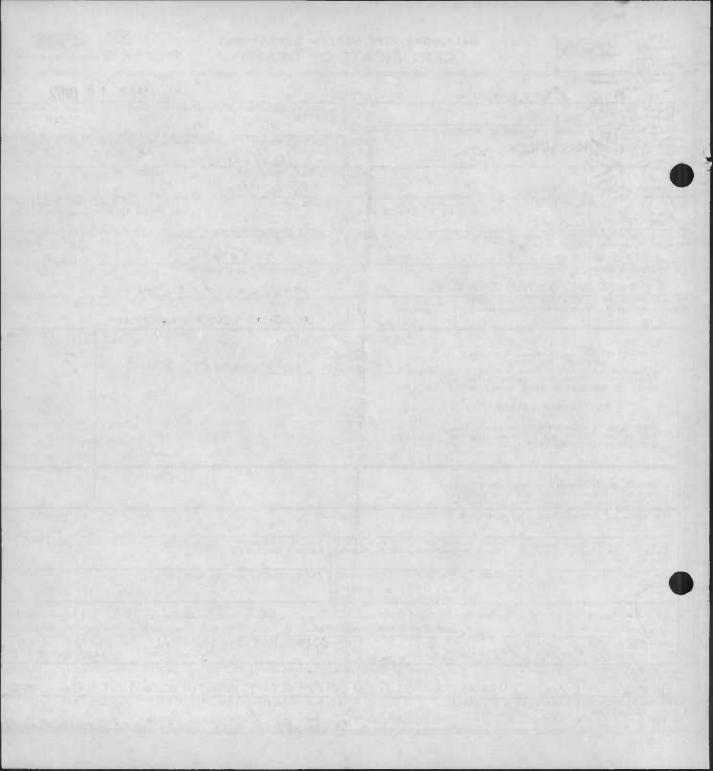
TO	BE APPR	ROVED BY MED	CAL EXA	MINER				
3	0 10	OFON			EALTH DEPARTM	MENT	52	2507
BIE	TH NO.	2007		CERTIFICAT	E OF DEATH	Reg	istered No.	
1. 1	NAME OF DE	ECEASED				2. DATE		
(Ту	pe or Print)	Bruder, Mi	chael	F.				13, 1952
	Baltimore C	ity, Maryland			4. USUAL RESIDE		ed lived. If ins	stitution: residence before admissio
B. F	ULL NAME		al or institutio	n, give street address or			1	U
	SPITAL OR STITUTION			location)	c. CITY OR TOWN	(If outside corp	orate limits y	rite RURAL and gi townshi
L		St. Josep	h's Hos		Baltimore D. STREET ADDRES	#31	0	*
		· n u·		Yrs. Mos.				
5.6	Zength of st	ay in Baltimore	7. SINGLE,	Days	1819 E. H	ayette Str	n vearsi # Un	det I Year If Under 24 Hos
			WIDOWE	D, DIVORCED (Specify)		last bir	thday) Month	det I Year If Under 24 Hou hs: Days Hours Min
	L USUAL OCC	White CUPATION (Givekindo)	Widow		11. BIRTHPLACE (S		ry) 11:	2. CITIZEN OF
work	done during most of	working life, even if retired		INDUSTRY				WHAT COUNTR
13.	FATHER'S N		PRODUCE	BUSINFSS	Baltimore			U.S.A.
	FRA	NK BRUZ	7=0	Care	MACDALA	N WAG.	NER-	
15.	WAS DECEASE	D EVER IN U. S. ARME	D FORCES?	16. SOCIAL	17. INFORMANT	, , ,		DRESS
(Y 0s,	NO or naknowa)	(If yes, give war or date	es of service)	SECURITY NO.	MADELINE H	PAULES ES		
1	18. 221	V and F	907. 6		OF DEATH	ONCES 36	77 211	INTERVAL BETWEE
	~ ~ 1	E OR CONDITION	DIRECTLY	CAUSE	OF BEATH			ONSET AND DEAT
		LEADING TO DEA	TH	(A) Com	ebral vascula	n aggidant		
	heart failui	re, asthenia, etc. It mes complication which	ans the disease,	SEXEME.	C.DI.OT AGG OFFICE	imacondeno.	a∀	***************************************
				AEVENE	ili tÇERTIFICATI	ON APPROVED	91	
7		ANTECEDENT CAU	525	Sen Sen	ili tÇER	Van	/	
0		OR CONDITIONS,		DUE TO	12 MY	M	W. D.	
CATION		ING CONDITION L		(C)	1 1/11/2	ST. MEDICAL EXAMINE	R,	
II. -					CHIEF OR AS	311		
RTI	OTHER S	II IGNIFICANT COND	ITIONS CON-					
CE.		TO THE DEATH, BUT			left hip			
				FINDINGS OF OPE				20. AUTOPSY?
CAL	December	27. 1957			-Petersen Pir	to Left h	Lp	YES NO
8		ENT WAS UNDER-		CE OF INJURY (e. g., rm, factory, street, office bldg.,	etc.) INTURY OCCUR	D (If in Baltim	/	7
ME.		CONTRIBUTING DEATH				and & "	valg	e 260.
	210. TIME (Month) (Day) (Year		IE. INJURY OCCURE		INJURY OCCUR?		
	Decemb	per 17, 1951		HILE AT NOT WHILE	x Fell fro	om a high c	urb	
	22. I hereby	y certify that I at	tended the d	leeeased fromDece	mber 24 , 195	to March 1	, 1952,	that I last saw t
	deceased al	ive on March 1	3, 1952. a	nd that death oecu	rred at 10:50 m.,	from the eauses	and on the	date stated abou
	234 SIGNAT	WRE .	60-		23B. ADDRESS	oline Stmoo		Manch 13 1
20	A BURIAL C	REMAI 248. DATE	(lec	4C. NAME OF CEMETI	1400 N. Care	24D. LOCATION	City, town, or	March 13,1
TIO	N. REMOVAL (S	pecify)						
DA	BURIA L		'S SIGNATUR	HOLT KEUE	EMER CEA	CTOR	LAIR	ADDRESS
100	SAL REGIST	RAR	: OLF	10,0	Dispel 1			
=	7 1	Jun Thurs	englos ;	Percention, Als	The same of	180	00 E LO	76 ATU S
	VS 150	N-820.0	0	27	1 1			
		9 8.0.0		290	6 A			



BALTIMORE CITY HEALTH DEPARTMENT

Segistered No. 2508

BIRTH NO.	and Coll and Coll 1 1 1
1. NAME OF DECEASED (Type or Print) ARY Elizabeth Schal	ufler 2. DATE OF DEATH MAR 13 1952
A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence a. STATE B. COUNTY Refore admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL	
Yrs.	BAITIMORE
c. Length of stay in Baltimore LIFE Mos. Days	D. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINOLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years It Under 1 Year It Under 24 Hours Min. 1-2.3-7/ Months: Days Hours Min.
JOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
HOUSE WORK AT HOME	BALTIMORE V.S.A.
	14. MOTHER'S MAIDEN NAME
TOACHIN SCHAUFLER. 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL	ROSINA HIRAMEIS
(1 se, no or unknown) (11 yee, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
18. 420.0 , CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
heart failure, asthenia, ctc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	rischetic heart divise?
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY? YES NO
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., CAUSE OF DEATH	in or 21C. WHERE DID (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from 3	3 - ,1952, to 3 - /3 - ,1952, that I last saw the
	rred at 3/3 Am., from the eauses and on the date stated above. 23B. 40HHSS HOPKINS HOSPITAL 23C. DATE SIGNED
Tourcolland avery M. D.	13/matth 5
24A. BURIN, CREMA- TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETE	
BURIAL MARIS 1952 HOLY RED	EEMERCEM 4430 BELAIN RD MD.
DATE RECEIVED BY REGISTRAR'S SIGNATURE. MAR 1 4 1952 Turtingten Walkaus, My	25. FUNERAL DIRECTOR ADDRESS DE LO MBARD SE



BALTIMORE CITY HEALTH DEPARTMENT 2509 Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH /1/1/ 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution ; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate fimits, write BURAL and give INSTITUTION township JOHNS HOPKINS HOSPITAL (If rural, give location) Yrs. D. STREET ADDRESS Mos. c. Length of stay in Baltimore Days 9. AGE (In years If Under | Year | H Under 24 Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 5. SEX 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work doneduring most of working life, even if retired) INDUSTRY NONE 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO. HOPKINS HOSPITAL NO INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Dioxide Entoucalion LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES uply sema semle. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Tet Chenic Voronchely OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 21c. WHERE DID 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT . 195 Rto_ 22. I hereby certify that I attended the deceased from. 190 Lithat I last saw the 195 and that death occurred atm., from the causes and on the date stated above. deceased alive on 2

23B. ADDRESS

25. FUNERAL DIRECTOR

SEMETERY OR CREMATORY

HOPKINS HOSPITAL

24D. LOCATION (City, town, or county)

23c. DATE SIGNED

ADDRESS

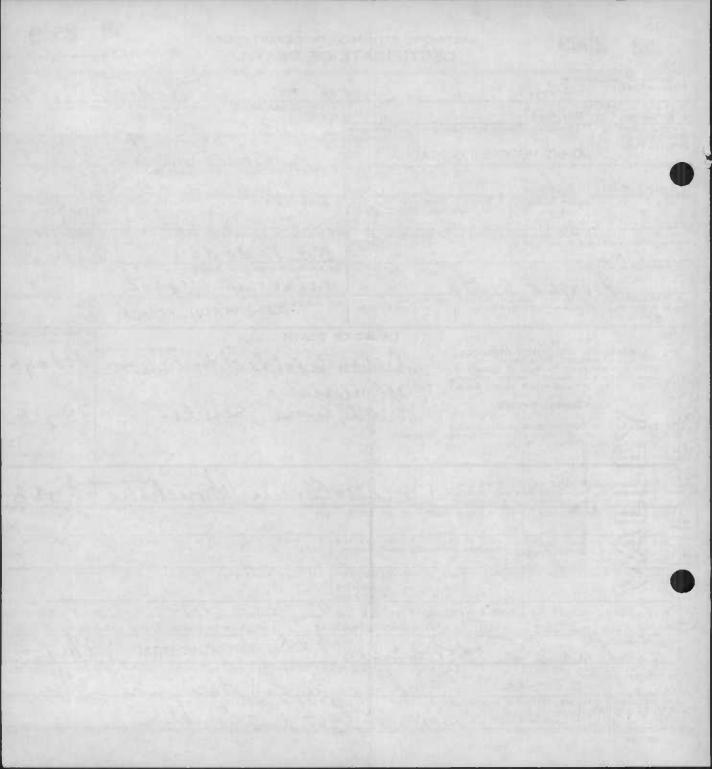
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234 SIGNATURE

DATE RECEIVED BY

BURIAL, CREMA-

REGISTRAR'S, SIGNATURE

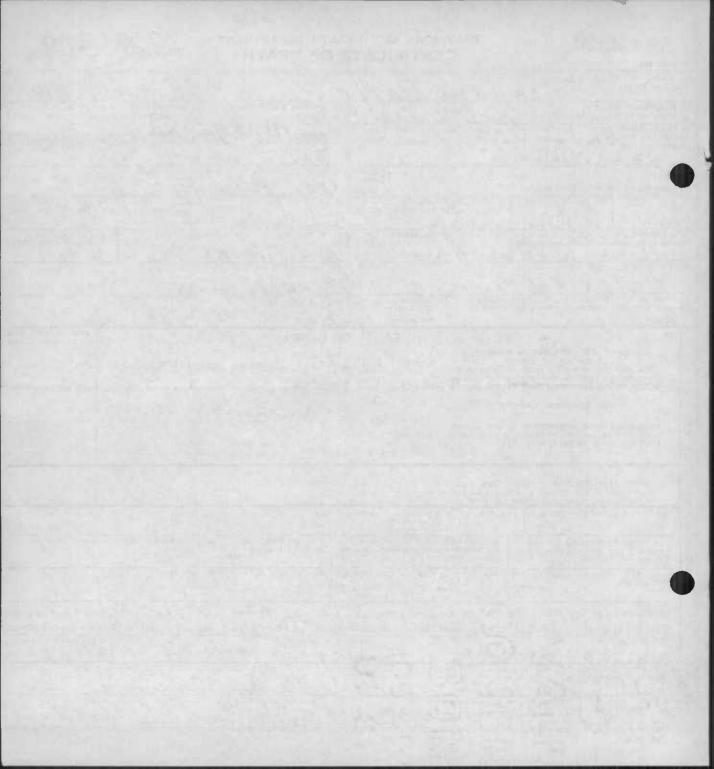


CERTIFICATE CORRECTED __ 3_21_52

BALTIMORE CITY HEALTH DEPARTMENT

52. 2530

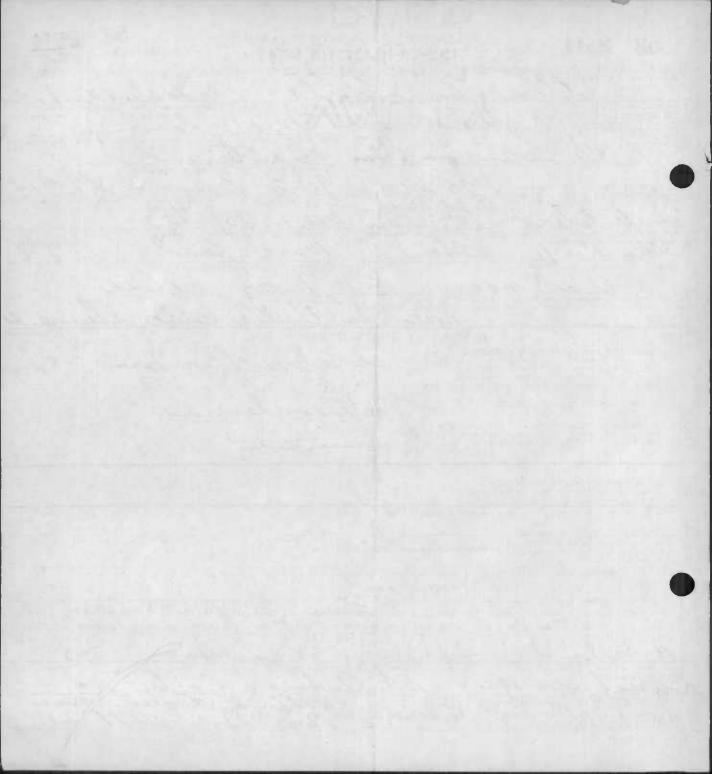
BI	RTH NO.		CE	RTIFICA'	TE OF DEATH	Registered No)
=	NAME OF D	ECEASED 4 -	E .		4	2. DATE	
(T	ype or Print)	MA	RU AT	Dul	Ou ·	OF DEATH MARC	14 13,1952
A.		City, Maryland	BALTI	nork!	A. STATE	CE (Where deceased lived, If in	before admission)
B.	FULL NAME	Thrine h	al or institution, gi	ve street address	or c. CITY OR TOWN	Off outside corporate fimits	with Millows and also
IN	32 2	4177	0 - /	DIAL	BALTIA	VI 0 18 8	(township)
				9/ Yrs		(If rural, give location)	
Ċ:	Length of s	tay in Baltimore		Mos Day		on 3/.	
5.	SEX	6. COLOR OR RACE		RRIED, IVORCED (Speci	8, DATE OF BIRTH		ths: Days Hours: Min.
F	EMALZ	WhiTE	Sincle	- (spec	not knows	4/	ins. Days Hours min.
10	A. USUAL OC	CUPATION (Give kind of	108. KIND OF	BUSINESS OR	11. BIRTHPLACE (State	e or foreign country)	12. CITIZEN OF
WOLI	11	of working life, even if retired)	at thou	INDUST		ORE MIL	WHAT COUNTRY?
13	FATHER'S				14. MOTHER'S MAIDE		000./4
	128.7	9 R 19.	FEII		MARIE	C	
15	. WAS DECEAS	ED EVER IN U.S. ARME	D FORCES? 16.	SOCIAL	17. INFORMANT	10van	DRESS
(Ye	1.	(If yes, give wer or date		SECURITY NO	14. 6 19	11 120771	10. 15
-	no.			16-	mary z. Nu	14 100 / Was	LANTERVAL BETWEEN
	18.420			CAUSE	OF DEATH	/	DNSET AND DEATH
		SE OR CONDITION LEADING TO DEA	TH	(Pa	tes Com	- com un basis	Trea
		not mean the mode ore, asthenia, etc. It mea		(A)		2000 0000	
	injury or	complication which	eaused death.)	DUE TO			MRM EET
		ANTECEDENT CAUS	SES	90	rent ato	is Selesni	
Z	DISEASE	S OR CONDITIONS, I	E ANY CIVING	(B)	- Caucas	-0000000	
F	RISE TO T	HE ABOVE CAUSE (A)	STATING THE	DUE TO			
CA	ONDERL	THE CONDITION L	151.	(C)			
正		11					
ERT		SIGNIFICANT COND					
OE		TO THE DEATH, BUT					
1	19A. DATE C	F OPERATION 1	19B, MAJOR FINI	DINGS OF OP	ERATION		20. AUTOPSY?
CAI							YES NO
EDIC		ENT WAS UNDER-	218. PLACE C about home, farm, fac	F INJURY (e. g ctory, street, office bld	g., in or 21c. WHERE DID INJURY OCCUR?	(If in Baltimore City, gi	ve exact location)
Σ.		(Month) (Day) (Year	(Hour) 215	NJURY OCCUP	RRED 21F, HOW DID IN	JURY OCCUR?	
	F INJURY	() ()	m. WHILE	AT NOT WHI	LE	1	
	22. I hereh	y certify that I at		-	3/10 1952	0 3/12- 1952	that I last saw the
	deceased a	7	_, 19 52 and i			om the causes and on the	
-	23A. SIGNA		4		23B. ADDRESS	10	230 DATE SIGNED
	a.h.l	toms	Cun	м. D.	2042. Des	the st	3/14/52
24	AA. BURIAL.	CREMA- 24B. DATE	24c.1	NAME OF CEME	TERY OR CREMATORY 2	4D. LOCATION (City, town, o	or county) (State)
1	Survol	111-11	6.52 her	- Con Il	redratont	Ballemor	E Med
D	ATE RECEIVE	D BY REGISTRAR	S SIGNATURE		25. FUNERAL DIEC	//	ADDRESS
	WAR 14	352 Thurten	ylon Wale	accus ship	Eliver 1/20	Toutelin 92	248. Eagly



CERTIFICATE OF DEATH

52 2511

BIRTH NO.	d No.
1. NAME OF DECEASED (Type or Print) (Type or Print) (Type or Print)	1.12.1952
3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE 4. USUAL RESIDENCE (Where deceased lived A. STATE)	
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION C. CITY OR TOWN of outside corporate l	imils, write BURAL and give
Yrs. D. STREET ADDRESS (Lydral, give Jocation	
Length of stay in Baltimore 15 Marsays 90 St. Lecturation	W # 14
5. STA 6. COLOR OR RACE 7. SINGLE, MARHIED. 8. DATE OF BIRTH 9. AGE In years windows to be supported by the support of the sup	Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of working life even if retired) 10B. KIND OF BUSINESS OR INDUSTRY INDUSTRY	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	W. S.C.
Waternew made stelan	il.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) (SECURITY NO.) 17. INFORMANT (SECURITY NO.) 18. Alberta Calder	ADDRESS OF
18. 332X CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH OR 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	7-00
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	as 1 6 day
ANTECEDENT CAUSES	
Z DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	ty, give exact location)
21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?	
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from June , 1951, to May 13, 19	
deceased alive on Mar 12, 1952, and that death occurred at 5 m., from the causes and o	n the date stated above. 23c. DATE SIGNED
19. Harland hisself HM.D. 1038 Edmondson	3-14-52
24a. BURIAL, CREMA- 24B. DATE) 24c. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, to Turn) 3-15-1952 Nr. Culturn Bally	my, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR TURNSTON Holliams 14 1952	ill and



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) JOHN TAYLOR March 11, 1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A Baltimore City, Maryland before dimission) B. COUNTY B. FULL NAME OF '! not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION township) 408 E. Lafayette Avenue Baltimore D. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore 408 E. Lafayette Avenue Days S. SEX 6 COLOR OR RACE If Ende: I Year 9. AGE (In years If budg: 1 Year If Under 24 Hours last birthday) Months. Days Hours: Min. VORCED (Specify) male colored 10A. USUAL OCCUPATION (Givekind of neduring most of working life, even if retired) INDUSTR WHAT COUNTRY aureman 13. FATHER'S NAME 14. MOTHER'S MAILEN NAME 15. WAS DECEASED EVER IN U. S. ARMED SORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Osteogenic sarcona heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT YES X 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) UNDERLYING | OR CONTRIB-INJURY OCCUR? UTING [CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE WORK AT WORK

autopsy

22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes A, accident D, suicide D, homicide D, undetermined D. 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER. 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER.
MEDICAL INVESTIGATOR

TION, REMOVAL (Speci

REGISTRAR'S SIGNATURE DATE RECEIVED BY

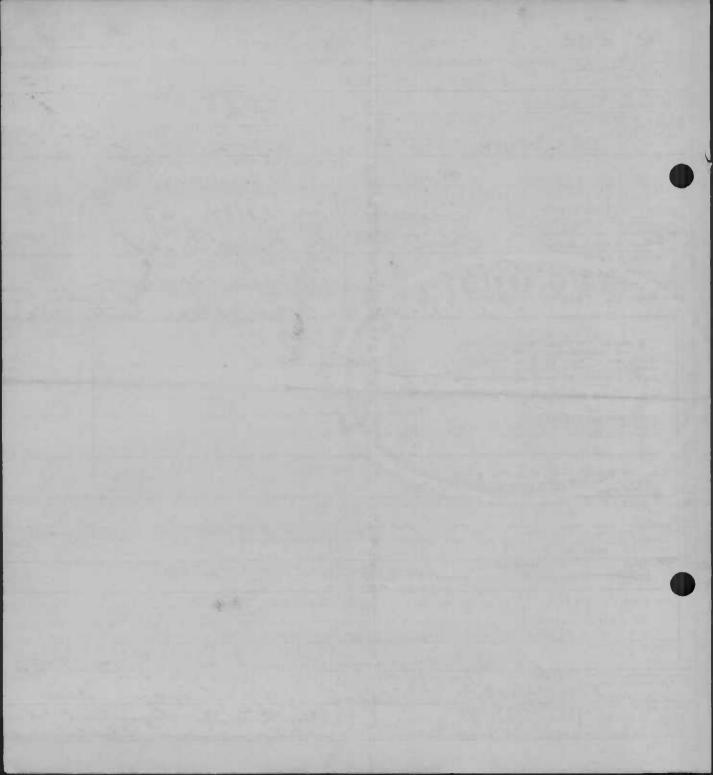
24B. DATE

24c. NAME OF CEMETERY OR CREMATORY

151

and

clearly



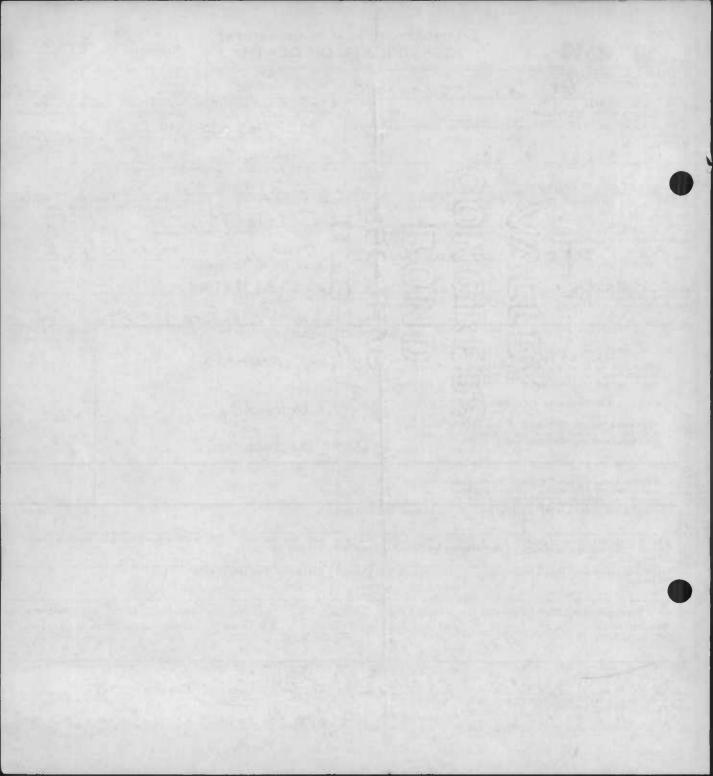
correct age is especially importante. Intricians, prease write the causes of death creatly and regimes.

VS 150

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 2543

Presented of stay in Baltimore S. SEX OCCUPATION (Give kind of working life, even if retired) Presented as a possible for the property of the present of working life, even if retired) 10A. USUAL OCCUPATION (Give kind of working life, even if retired) Presented as a possible for the property of the present of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY 11BIRTHPLACE (State or foreign country) 11BIRTHPLACE (State or f	Admission) Unand give township) Under 24 Hours ours Min.
DEATH A Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION) Pength of stay in Baltimore To Sex G. COLOR OR RACE TO SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MOR DEATH A. USUAL RESIDENCE (Where deceased lived, If institution: residence of service) MOR DAY DAY DESTRUCTION (If outside corporate limits, write literal or institution) No. Days D. STREET ADDRESS (If rural, give location) Days D. STREET ADDRESS (If rural, give location) Days D. STREET ADDRESS (If rural, give location) D. STREET ADDRESS (If rural, give location) Months: Days If Under I Year In Under I Year I Y	Admission) Unand give township) Under 24 Hours ours Min.
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B. FULL NAME OF HOSPITAL OR INSTITUTION Wength of stay in Baltimore S. SEX G. COLOR OR RACE TO SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Work done during mout of working life, even if retired) 10. LE 10. STREET ADDRESS G. COLOR OR RACE TO SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S. SEX 10. LE 10. LITIZEN OF BIRTH 10. LITIZEN OF WHAT COUNTY WHAT COUNTY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTY WHAT COUNTY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 17. INFORMANT ADDRESS	Under 24 Hours ours Min.
ength of stay in Baltimore Sength of stay in Baltimore Sength of stay in Baltimore Days D. STREET ADDRESS (If rural, give location) Mos. Days D. STREET ADDRESS (If rural, give location) Mos. Days D. STREET ADDRESS (If rural, give location) Mos. Days D. STREET ADDRESS (If rural, give location) Mos. Days D. STREET ADDRESS (If rural, give location) Mos. Days D. STREET ADDRESS (If rural, give location) D. AGE (In years) If Under It location (In graph of the part of th	Under 24 Hours ours Min.
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13. FATIER'S NAME EMMUNIAL F. Shaffer 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Inc. SOCIAL SECURITY NO. (If yee, give war or dates of service) 17. INFORMANT ADDRESS 16. SOCIAL SECURITY NO. F. Shaffer 1719 BELT ST	
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(Yea, no or unknown) (If yee, give war or dates of service) SECURITY NO. John E. Shaffer 1719 BELT ST	
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	BETWEEN
ONSET AND	ND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Cultival Humwhax (W)	SIC
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
z (B) (Mirala Whola Ca Husian /	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO DUE TO	
UNDERLYING CONDITION LAST. (C) (C) (LUTY NO S (LUS))	/ 2
OL CO GOOD SULLS 12	
OTHER SIGNIFICANT CONDITIONS CON-	
W TRIBUTING TO THE DEATH, BUT NOT RELATED	
O TO THE DISEASE OR CONDITION CAUSING IT.	
19A, DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTØP	
	TØPSY?
	NO 🗌
21A. ACCIDENT WAS UNDER. 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, elreet, office bldg., etc.) 21C. WHERE DID (If in Baltimore City, give exact location locat	NO 🗌
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21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from Musich 1, 19 1, 10 Musich 2, 19 7, that I last so deceased alive on Mile 13 19 7. and that death occurred at 12 fgm., from the causes and on the date stated of the stated of th	ation) t saw the
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING bout bome, farm, factory, elrect, office bldg., etc.) LYING OR CONTRIBUTING bout bome, farm, factory, elrect, office bldg., etc.) CAUSE OF DEATH 21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCUR? WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from Muse of 7, 19, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10	ation) t saw the
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg, etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) PF INJURY 22. I hereby certify that I attended the deceased from Much 1, 19 1, 10 Members, 19 4, that I last so deceased alive on Mm 13/19 9, and that death occurred at 1 for., from the causes and on the date stated alive on Mm 13/19 9, and that death occurred at 1 for., from the causes and on the date stated alive on Mm 13/19 9. And that death occurred at 1 for., from the causes and on the date stated alive on Mm 13/19 9. And that death occurred at 1 for., from the causes and on the date stated alive on Mm 13/19 9. And that death occurred at 1 for., from the causes and on the date stated alive on Mm 13/19 9. And that death occurred at 1 for., from the causes and on the date stated alive on Mm. D.	ation) It saw the ed above. E SIGNED 3
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, elreet, office bldg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 22F. I hereby certify that I attended the deceased from Munch 1, 19 1, to deceased alive on Min 17 19 2. and that death occurred at 12 fgm., from the causes and on the date stated of 23A. SIGNATURE 23B. ADDRESS Man 1 23C. DATE SIGNATURE	ation) t saw the
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING bout home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING bout home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING bout home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING bout home, farm, factory, street, office bldg., etc.) 21A. DURY OCCUR? 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21A. DURY OCCUR? 21A. HOW DID INJURY OCCUR? 21A. HO	ation) It saw the ed above. E SIGNED 3
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from Muscon 7, 19 1, 10 Muscon 7, 19 1, 10 Muscon 7, 19 2, that I last so deceased alive on Muscon 7, 19 2, and that death occurred at form. from the causes and on the date stated of 23A. SIGNATURE 24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (City, town, or county) (City, town, or county)	ation) It saw the ed above. E SIGNED 3



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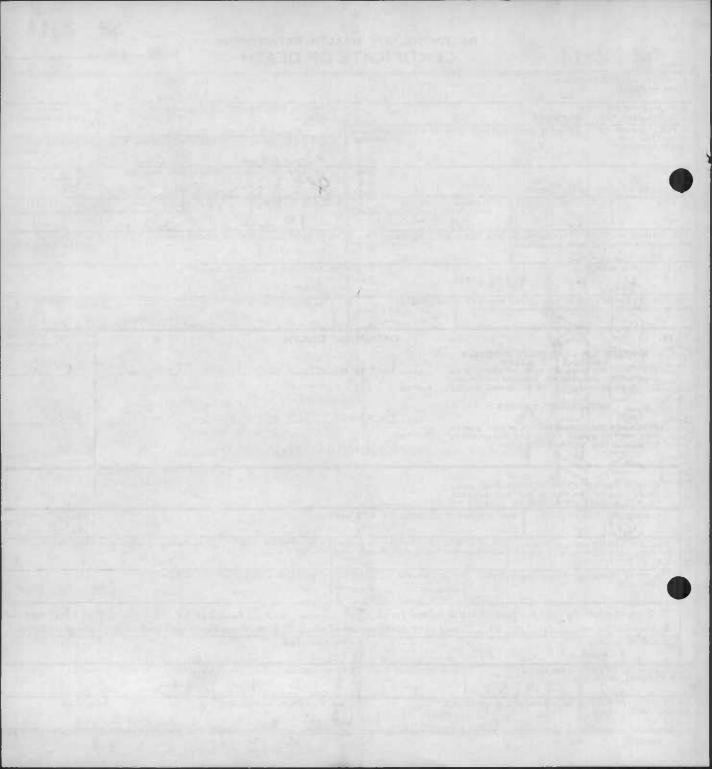
0 6 200 8 1	TE OF DEATH Registered No.					
I. NAME OF DECEASED (Type or Print) EVELYN R OLIVER	2. DATE OF DEATH MAR 12 1152					
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission					
B. FULL NAME OF (If not in hospital or institution, give street address HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address location in the control of the con	md 111 21					
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Spe	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours Min 1920) 1920 32					
IOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOB. KIND OF BUSINESS OR INDUST						
BISHOP LATHAM	14. MOTHER'S MAIDEN NAME LOUISE CAINES					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO	D. 17. INFORMANT ADDRESS 8 3 4					
OISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	UREMIA					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TD THE ABDVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	NAME AMOS					
1 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OF	PERATION 20. AUTOPSY7 YES ND [
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bit CAUSE OF DEATH	g, in or 21c. WHERE DID (If in Baltimore City, give exact location) dg.,etc.) INJURY OCCUR?					
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK NOT WHILE AT WORK AT WORK						
22. I hereby certify that I attended the deceased from deceased alive on 24 12, 19, and that death or	3 4 52 , 19 , to 3 12 13 2 , 19 , that I last saw th curred at 3 2 Pm., from the causes and on the date stated above					
23A. SIGNATURE NOUNT & M.D.	23B. ADDRESS 23C. DATE SIGNED					
24A. BURIAL, CREMA- TION, REMOVAL (Specify) 3 111 52	ETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)					

DATE RECEIVED BY LOCAL REGISTRAR MAR 1 4 1957 VS 150

REGISTRAR'S SIGNATURE

ADDRESS

25. FUNERAL DIRECTOR



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 2535

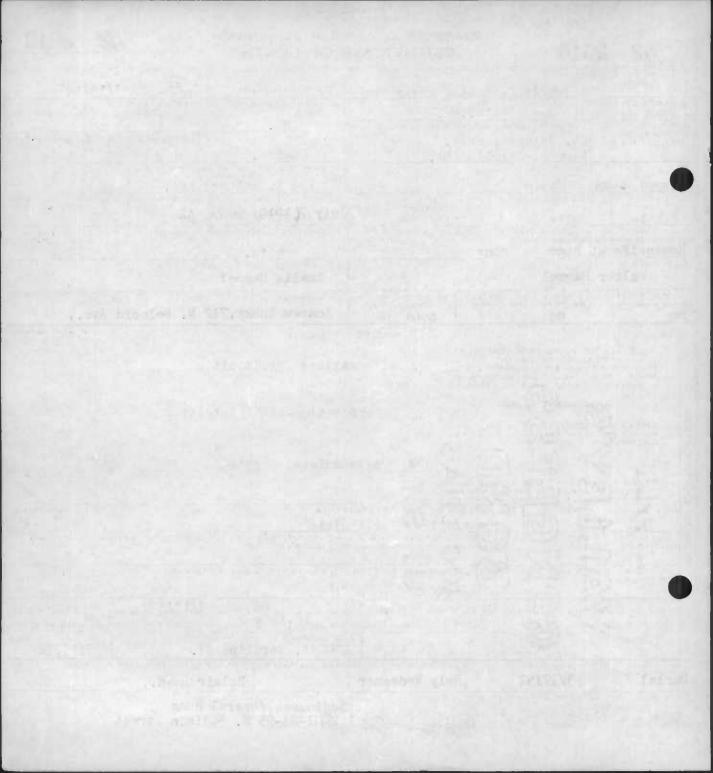
Registered No.

BIRTH NO.	E OF DEATH								
1. NAME OF DECEASED (Type or Print) EUGENE A. STEINERT	2. DATE OF March 11, 1952								
a. Baltimore City, Maryland 503 N. Luzerne Ave. B. FULL NAME OF (If not in hospital or institution, give street address or	A. USUAL RESIDENCE (Where deceased lived. If institution: residence B. COUNTY before admission)								
HOSPITAL OR location)	c. CITY OR TOWN (If outside corporate limits, write I/URAM and give township)								
Yrs.	D. STREET ADDRESS (If rural, give location)								
Length of stay in Baltimore 70 years Mos. Days	503 N. Luzerne Ave.								
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed?	June 21, 1877 9. AGE (In years of Under 1 Year of Under 24 Hours of Months Days Hours Min.								
10A. USUAL OCCUPATION (GivekInd of the transfer of the transfe	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?								
retired - watchman Rustless Iron & Stee	1 Germany U.S.A.								
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
Richard O. Steinert	unknown								
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Henry R. Steinert, son, above								
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS. IF ANY. GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.	of DEATH Usthusine C.V. bilane 2745. Limiplegia 9Mos.								
198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?								
218. PLACE OF INJURY (e.g., i LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., c	n or 21C. WHERE DID (If in Baltimore City, give exact location) etc.) INJURY OCCUR?								
ZID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? WHILE AT WORK									
deceased alive on 3/11/5219, and that death occur 23A. SIGNATURE	rred at 40. m., from the causes and on the date stated above. 38. ADDRESS 23c. DATE 91GNED								
24a. BURIAL, CREMA- 24B. DATE 240 NAME OF CEMETE 110N, REMOVAL (Specify	RY OR CREMATORY 24D. OCATION (City, town, or county) (State)								
Burial Mar. 15, 1952 Baltimore Ce									
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR MAR 1 4 1952 Further to Hallauth Meen	Schimunek Funeral Home, Inc. 2501-3-5 E. Madison St.								
Ve IEO									

VS 150

7633D

BALTIMORE CITY HEALTH DEPARTMENT 2516 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF 3/13/52 Marie Jeannette Kusky DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland Balto, Md. A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits) write RUKAL and give St. Joseph's Hosp. INSTITUTION 1400 N. Caroline St Bal to. D. STREET ADDRESS (If rural, give location) Vrs. Mos. 712 N. Belnord Ave. ength of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED B. DATE OF BIRTH 9. AGE (In years) If Under I Year ff Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours | Min. Female White Married 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Housewife at home Ral to. none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Walter Hammel Amelia Hammel 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, no or nuknown) (If yes, give war or detea of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) SECURITY NO Andrew Kusky, 712 N. Belnord Ave., no no none INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Generalized Peritonitis (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Perforation-small intestine DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Strangulated Hernia 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY? 19A. DATE OF OPERATION A 198. MAJOR FINDINGS OF OPERATION Generalized Peritonitis 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 218. PLACE OF INJURY (e. g., in or | 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT NOT WHILE AT WORK 7/13/52.19_, that I last saw the 1952, to_ 22. I hereby certify that I attended the deceased from_ deceased alive on 23B. ADDRESS 23c. DATE SIGNED 1400 N. Caroline St. 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) 24B. DATE Burial (Specify Holy Redeemer Belair Road .. Schimunek, Funeral Home DATE RECEIVED BY ADDRESS RECISTRAR'S SIGNATURE LOCAL REGISTRAR 2601-03-05 Madison Street VS 150



VS 150

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 2517

81	RTH NO.									
1. NAME OF DECEASED (Type or Print) ELISE KELLY					2. DATE OF DEATH March 12, 1952					
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION Beech Hill Nursing Home										
Length of stay in Baltimore 60 years Yrs. Mos. Days					D. STREET ADDRESS (If rural, give location)					
			E. MARRIED, Specify) VED, DIVORCED (Specify) Apr. 22, 1872			last birthday)	s Hours Min			
IOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if rotired) housewife 10B. KIND OF BUSINESS OR INDUSTRY					11. BIRTHPLACE (State or foreign country) Germany				ZEN OF AT COUNTRY	
13. FATHER'S NAME unknown					14. MOTHER'S MAIDEN NAME unkown					
15 (Yes	. WAS DECEASE , no or unknown)	(If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO. NO	17. INFORMANT Anthony H. K	elly, s	son, King	ADDRESS Sville,	Md.	
IFICATION	(This does heart failu injury or DISEASES RISE TO T	SE OR CONDITION LEADING TO DEAT inot mean the mode of re, asthenia, etc. It mea complication which of ANTECEDENT CAUSE SOR CONDITIONS, II HE ABOVE CAUSE (A) 'ING CONDITION LA	FH dying, e. p ns the diseas aused death SES FANY, GIVIN STATING TH	DUE TO	andia	Jurs 01/13	Si co		T AND DEATH	
CERT	TRIBUTING	IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	ED .						
	. 19A, DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERATION						YES			
MEDICAL	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, atreet, office bldg., etc.) 21b. PLACE OF INJURY (e. g., in or about home, farm, factory, atreet, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?							location)		
	PID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? WHILE AT NOT WHILE NO									
		live on 11 years	1952.					or the date s		
24 TIC	A. BURIAL, ON, REMOVAL (S	CREMA- 248 DATE		24c. NAME OF CEMETE		1/	ATION (City, to			
LC	TE RECEIVE	D BY REGISTRAR			Schimunek F	ECTOR	Home, In			

Registered No. 2518 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH Ma 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location (If outside corporate limits write RURAL and give INSTITUTION (If rural, give location) Yrs. Mon Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (in years) If Under 1 Year WIDOWED, DIVORCED (Specify) Months Days Hours Min. last birthday) narried 10A. USUAL OCCUPATION (Give kind of KIND OF BUSINESS OR 10B. E (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTR WHAT COUNTRY? Lases 13. FATHER'S NAME 15. WAS DECEASED EVER IN U, S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. 84 (Yes, no or unknown) (If yes, give war or dates of service) ann INTERVAL BETWEEN CAUSE OF DEATH NSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH un grenot (This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) FIC RTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE GEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. O 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAI YES (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR?

LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour)

F INJURY NOT WHILE WHILE AT

AT WORK

22. I hereby certify that I attended the deceased from. deceased filtre on 3 12-52

234. SIGNATURE

19 and that death occurred at 1.50 Rm., from the causes and on the date stated above.

24A. BURIAL, CREMA-24B. DATE 24C. NAME OF TION, REMOVAL (Specify)

DATE RECEIVED BY REGISTRAR'S SIGNATURE

21F, HOW DID INJURY OCCUR?

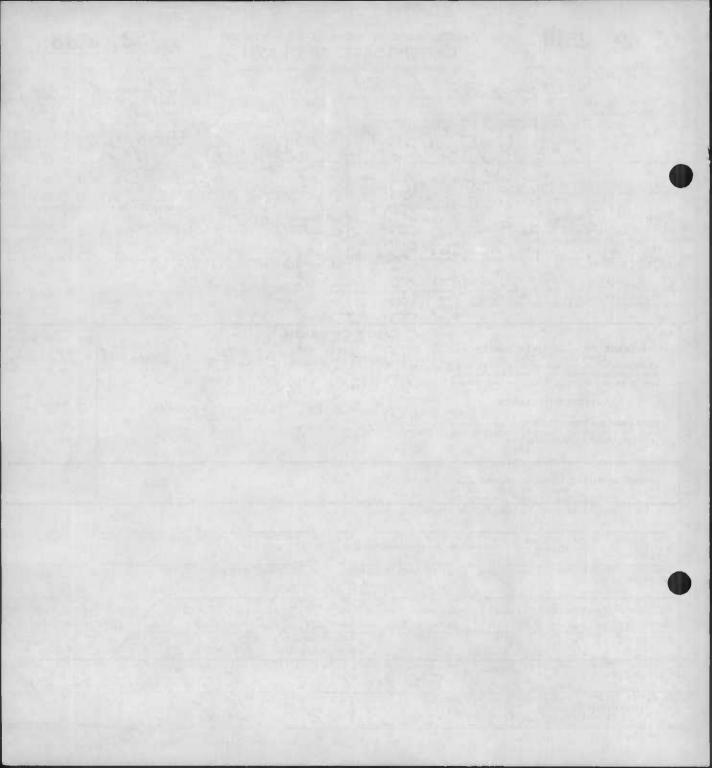
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to 3-13-52, 19_, that I last saw the

25. FUNERAL DIRECTOR

untinglow

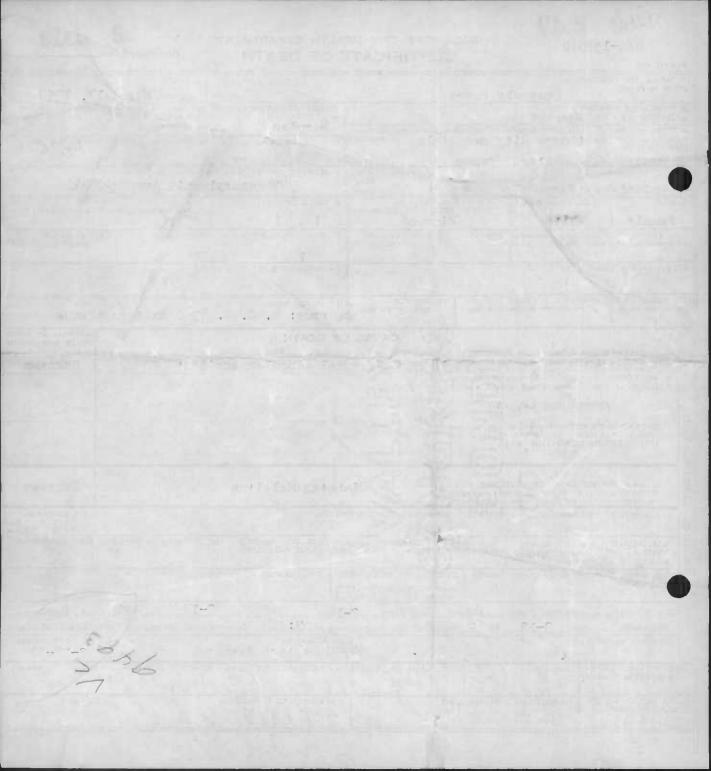
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BALTIMORE CITY HEALTH DEPARTMENT

52 2519

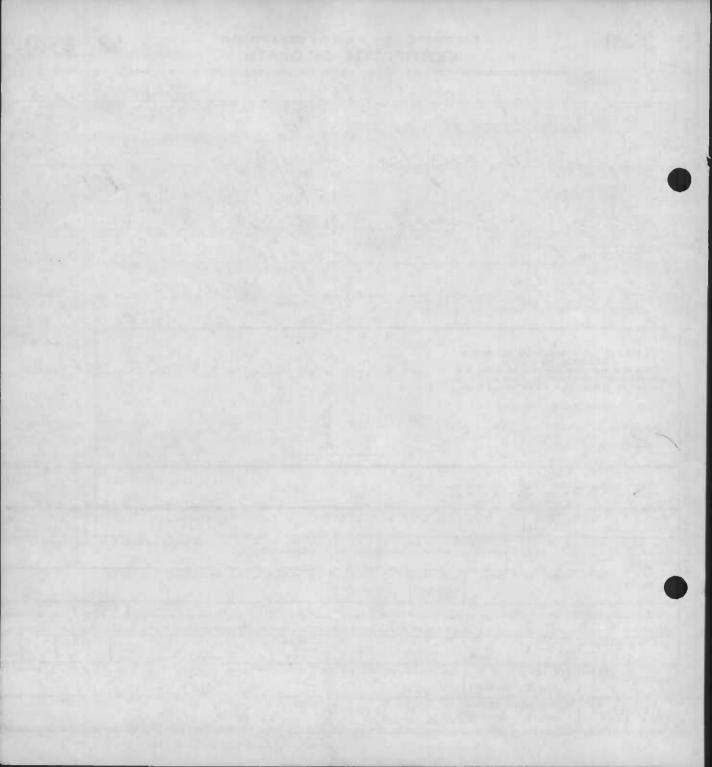
BIRTH NO.			CERTIFICAT	E OF DEATH	registered	NO
1. NAME OF (Type or Print)					2. DATE	
	Heaven.	y Peac	:6			ch 13, 1952
3. PLACE OF A. Baltimore	City, Maryland			4. USUAL RESIDENCE (Where deceased lived, B. COUNTY	If institution: residence before admission)
B. FULL NAME	OF (If not in hospit	al or institu	tion, give street address or)
INSTITUTION	Baltimore Ci			C. CITT ON TOWN	If outside corpora e Mn	hit, write RAL and give township)
	4940 Eastern	Avenue	Yrs.	Bal + imore	frural give location)	
enoth of	stay in Baltimore		Mos.		Ivania Aven	ae
5. SEX	6. COLOR OR RACE		E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	Il Under 1 Year It Under 24 Hours
Female	white	WIDOV	Widowed (Specify)	7 7 7	55 ?	Months Days Hours Min.
10A. USUAL O	CCUPATION (Give kind of st of working life, even if retired)	108. KINI	D OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
work done during mos	stor working me, even ir retired)		INDUSTRY	7		WHAT COUNTRY?
13. FATHER'S	NAME	,		14. MOTHER'S MAIDEN	NAME	-
	7				?	
15. WAS DECEA	SED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
			Jacob Military	Records: B. C. H.	4940 Easter	rn Avenue
18. 3 7	31X .		CAUSE	OF DEATH		INTERVAL BETWEEN
DISEA	ASE OR CONDITION					
(This does	es not mean the mode of lure, asthenia, etc. It mea	of dying, e.	B*p (A)	bral Vascular Acc	eldent	Unknown
injury o	r complication which c	eaused deatl	h.) DUE TO			
	ANTECEDENT CAUS	SES				
Z DISEASI	ES OR CONDITIONS, I	F ANY. GIVII	(B)		***************************************	
F RISE TO	THE ABOVE CAUSE (A)	STATING T				
0			(C)			
DISEASI RISE TO UNDERL	11					
OTHER TRIBUTION	SIGNIFICANT CONDI			abetes Mellitus		Unlenewn
U TO THE	OF OPERATION 1		T FINDINGS OF OPER	PATION		20, AUTOPSY?
	OF OPERATION	SB. MAJOR	C FINDINGS OF OFER	ATTON		YES NO T
21A. ACCI	DENT WAS UNDER-		ACE OF INJURY (e. g., i	n or 21c. WHERE DID	(If in Baltimore City	, give exact location)
W CAUSE OF	OR CONTRIBUTING	about home,	farm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	RY OCCUR?	
F INJURY		m.	WHILE AT NOT WHILE			
22. I here	by eertify that I att			-10 , 152, to_	3-13 .19.	52, that I last saw the
deceased of	alive on 3-13	_, 19_52	and that death occur	rred at 7:30Pm., from	the causes and on	the date stated above.
23A. SIGNA		4	1 2	38. ADDRESS		23c. DATE SIGNED
	7.10. (1	M. D. 1			3-13-52
DON REMOVAL	Specify 248. DATE	15-2	24c NAME OF CEMETE	RY OR CREMATORY 246.	LOCATION (City, Cow	vn, or county) (State)
MIN	ac III	0 4	1/18 4	wary le	aavjyu	C Vua
DATE RECEIV	TRAR LA-	June 1000 1	AMILO	25 EUNERAL DIRECTOR	. 6/10	TADDRESS TO
MAR 1 4	1902 1 moh	glovi /	VINCEAULA- MY	ALCHYRUM	Hack	car IV
VS 150		0	4	Dollar 6	1000 ms	P
			(So much	Mu or	C'



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 52 2520

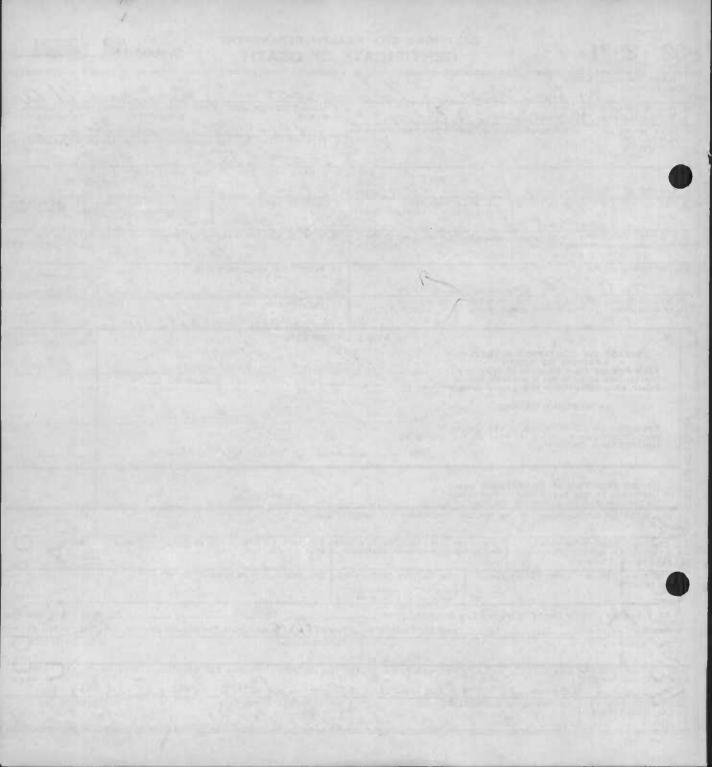
BIRTH NO.	
1. NAME OF DECEASED (Type or Print) Nannie Mob	10 V 2. DATE OF DEATH March 12,1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	4 USUAL RESIDENCE (Where deceased lived. If institution: residence a. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location NSTITUTION /003 W. Lexing tox	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Yrs.	of STREET ADDRESS (If rural, give location)
Length of stay in Baltimore Mos. Days	1003 W. LexING TON ST.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE in year last birthday) Months: Days Hours Min.
Temalo Col. Married	1101.0,1010
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
AND TOSTEN	E TTO WORLD NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, Do or unbrown) (If yes, give wer or dates of service) SECURITY NO.	17. INFORMANTY MADDRESS/003
18. 17.1 V CAUSE	OF DEATH MYTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g.,	and at the 15 had
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
Ζ (Β)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CON-	
19A, DATE OF OPERATION 19B, MAJOR FINDINGS OF OPE	
140	YES NO I
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., LYING OR CONTRIBUTING shout home, farm, factory, street, office bldg. CAUSE OF DEATH	in or 21c. WHERE DID (If in Baltimore City, give exact location) etc.) INJURY OCCUR?
FINJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE	
m. WHILE AT NOT WHILE ME NOT WHILE AT WORK	1
22. I hereby certify that I attended the deceased from	19 J, to 19 , 19 J, that I last saw the
deceased alive on, 19and that death occu	
W. H. Wyth M.D.	236. ADDRESS TITL G. Dente 23, 13,5
24a. BURIAL, CREMA- TUN REMOVAL (Specify)	ERY OF CREMATORY 240. LOCATION (City, town, or county) (State)
DATE RECEIVED BY "REGISTRAR'S BIGNATURE LOCAL REGISTRAR Juntington Williams M.P.	PE FUNERAL DIRECTOR ADDRESS
WAR 4 1937	200 00 Lahradie 1
	ULU TI VACINATURA



BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 2521

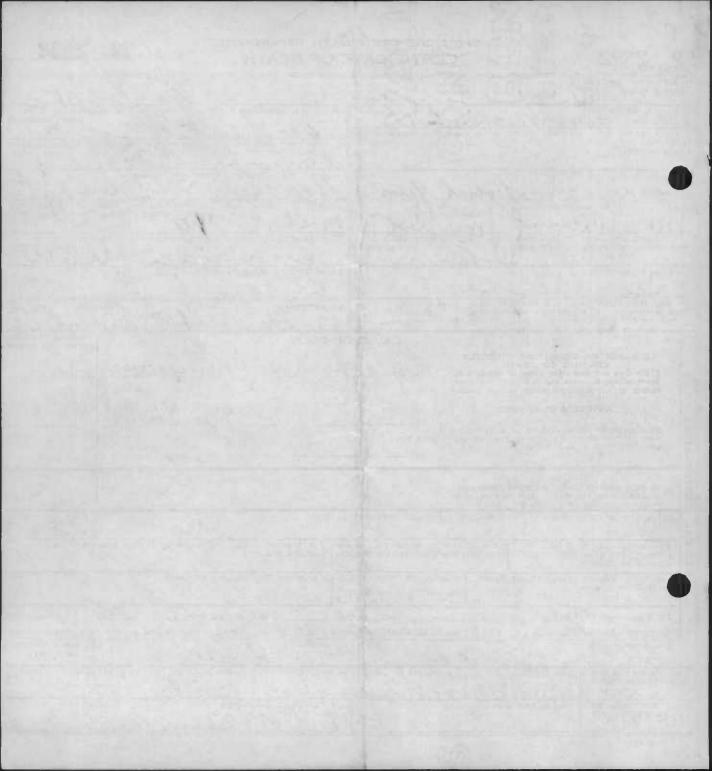
BIRTH NO.	red No.
1. NAME OF DECEASED (Type or Print) 2. DATE OF DEATH	mach. 11-182
3. PLACE OF DEATH: A. Baltimore City, Maryland / 0 44 1 Colombia. STATE B. COUNTAIN.	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) (If outside corporate	e limits, write RURAL and give township)
c. Length of stay in Baltimore lile time Mos. Days Days D. STREET ADDRESS (If rural, give location of the property of the pr	on)
5. SEX 6. COLOR OR RACE 7/SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In year	Ars H Under 1 Year H Under 24 Hours y) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	later
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Xes, no or unknown) (If yes, sive war or dates of tervice) SECURITY NO. 17. INFORMANT SECURITY NO. 17. INFORMANT	h. Edin st
18. 420.1 CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	6 hro
ANTECEDENT CAUSES (B) Chonic Myskardilli	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH. BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSYT
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bidg., etc.) CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., in nr labout bome, farm, factory, street, office bidg., etc.) INJURY OCCUR?	City, give exact location)
1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK AT WORK	
	19, that I last saw the
deceased alive on, 19 and that death occurred at A m., from the causes and 23A. SIGNATURE 23B. ADDRESS	on the date stated above. 23c. DATE SIGNED
24a. BURIAL, CREMA- 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24b. LOCATION (City, TION, RENOVAL (Specify)	town, or county) (State)
DATE RECEIVED BY I REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR	ADDRESS
MAR 1 4 1952 Hurtington Williams Maria 1918 Cim 151	5 me Tloby H
	- 17



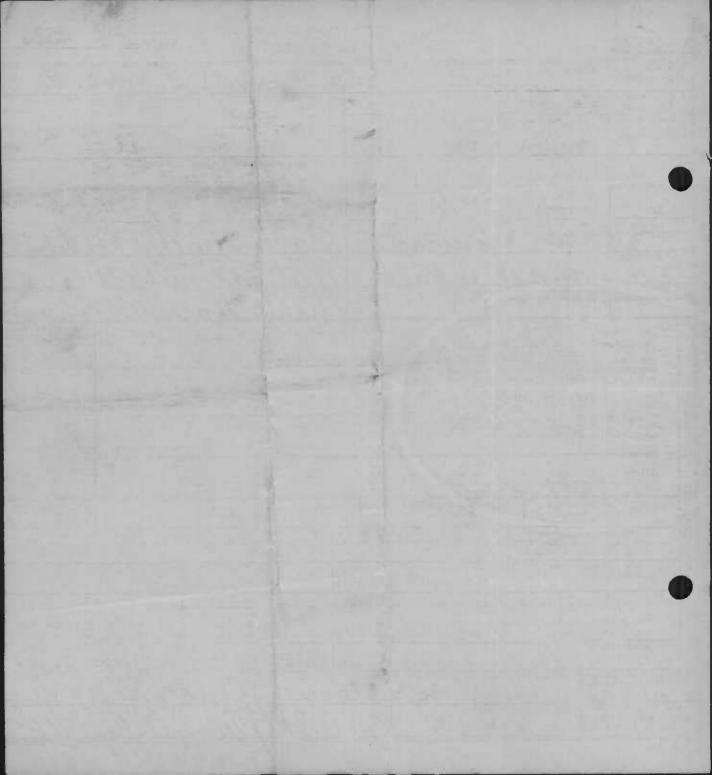
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland 600 before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location ! (If outside corporate Mmits, write RURAL and give CITY OR TOWN INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location Mos. Pard Days c. Length of stay in Baltimore 6. COLOR OR RACE SEX 7. SINGLE, MARRIED.
WIDOWED DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years If Under I Year / M a last birthday) Months Days Hours Min. 10A. USUAL OCCUPATION (Givekind) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTR 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no of unknowo) (If yes, give war or dates of service) 16. SOCIAL (Yes, no w unknowo) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY A YES DIC 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE AT WORK 1951, to harch 12 , 195 that I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on the chir, 1952, and that death occurred at _m., from the causes and on the date stated above. 23A SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA TION, REMOVAL (Specify) 24c. NAME OF CEMETERY 24B. DATE Curia DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS

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LOCAL REGISTRAR



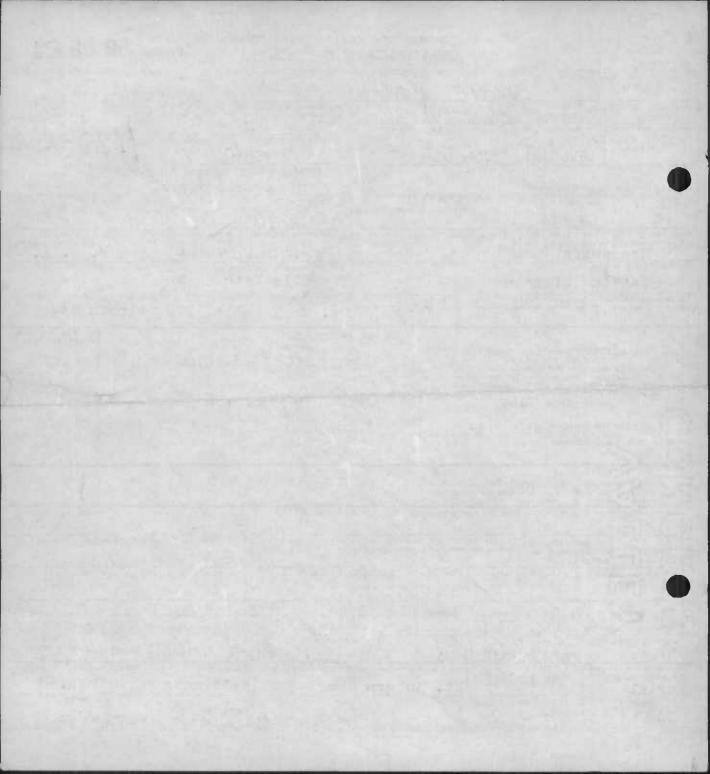
B.	240 IRTHYNO23		EALTH DEPARTMENT E OF DEATH	Negistered No	2523
(1		NARD McC	ALL (Mackall)	2. DATE OF March 1.	1, 1952
Α.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF Int in hospital or in	stitution, give street address or	4. USUAL RESIDENCE Who A. STATE Maryland	ere deceased lived. If insti B. COUNTY	tution : residence before admission)
H	ospital or istitution Provident Hosp	location)		itside corporate limits, wr	ite RURAL and give
	ength of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (ltru 846 Tyson S		
	SEX 6. COLOR OR RACE 7. SI	NGLE. MARRIED. IDOWED. DIVORCED (Specify)	8. DATE OF BIRTH	AGE (In years last birthday) Months	l Year Days Hours Min.
NOL	DA. USUM OCCUPATION (Give kind of k done the ring most working life, even if retired)	Wooder Williams OR Wooder			CITIZEN OF WHATCOUNTRY
	WAS DECEASED EVER IN U. S. ARMED FORCE	ackall EST V16, SOCIAL	Matilda.	Talbott	
(Ye	(If yes, give war or dates of serv	SECURITY NO.	Charles Mo	ckall143	4 argyle
	DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dyin heart failure, asthenia, etc. It means the injury or complication which caused	g, e, g., (a) LObar	of death pneumonia		OLINA DEATH
CATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATE UNDERLYING CONDITION LAST.	GIVING			
ERTIFIC	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT R TO THE DISEASE OR CONDITION CAUS	ELATED			
L		JOR FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICA	21A EXTERNAL CAUSE WAS UNDERLYING OR CONTRIE. UTING CAUSE OF DEATH.	. PLACE OF INJURY (e. g., in home, farm, factory, street, office bldg., e	n or 21C. WHERE DID (If i	n Baltimore City, give e	
M	21b. TIME (Month) (Day) (Year) (Hour) OF INJURY	2 1E. INJURY OCCURRI WHILE AT NOT WHILE M. WORK AT WORK	ED 21F. HOW DID INJURY C	OCCUR?	
	22. I certify that I took charge of the evidence obtained by said and death in my opinion result	the remains described a	Autopsy, Ins	pecton or Inquiry ased died on the da	ereon and from
	Hauley W. De	ls.	238. CHIEF MEDICAL EXA ASSISTANT MEDICAL EXA D. MEDICAL INVESTIGATOR	AMINER D 23C. DA	TE SIGNED h 12, 1952
200	MAREFIA 1952 Houten to	14C. NAME OF CEMETE VALUE AND	Yay CREMATORY 240, LOC Vay Local Director 1	ATION (City, timil or co	unty) (State) () Mod () RESS
] V	S 151	97024	Dru	ud Hill	216



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

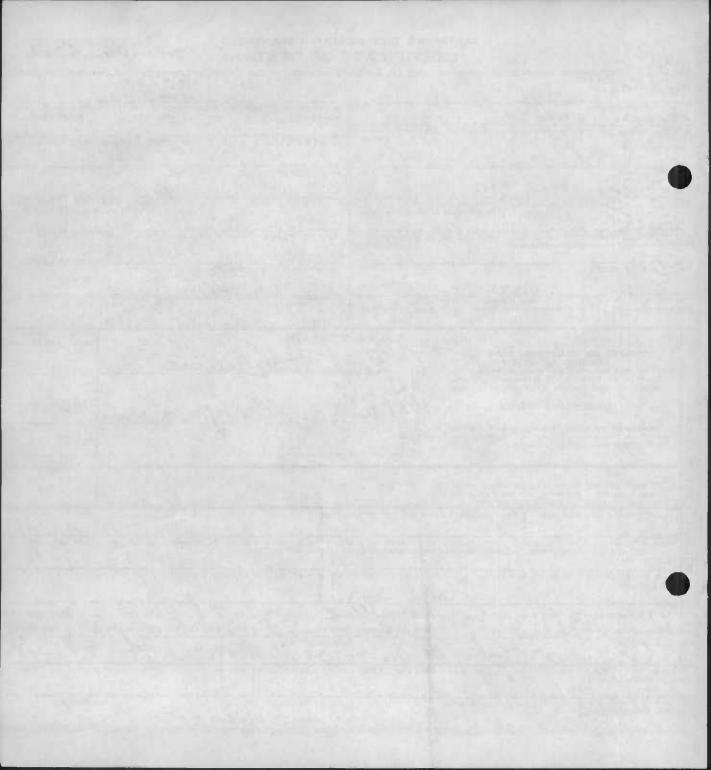
Registered No. 2524

BIRTH NO.	E OF LIEATH
1. NAME OF DECEASED (Type or Print) Onnie Noble	2. DATE OF 3/12/52
3. PLACE OF DEATH: A. Baltimore City, Maryland Bulto, M.L.	4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address of location INSTITUTION In	ma.
Twitain Hospital	190000
Yrs. Mos. Days	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specific Color)	8. DATE OF BIRTH 9. AGE (In years last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired) Housewife	11. BIRTHEFACE (State or foreign country) Y S. C. U. S. A.
Martin Simpson	14. MOTHER'S MAIDEN NAME Elizabeth ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Mr. Mark Noble 170 Dolphin St.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY7 YES NO
21a. ACCIDENT WAS UNDER. LYING□ OR CONTRIBUTING□ CAUSE OF DEATH 21B. PLACE OF INJURY (e.g about bome, farm, factory, atreet, office bldg	in or 21c. WHERE DID (If in Baltimore City, give exact location) .etc.) INJURY OCCUR?
ZID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR WHILE AT NOT WHIL AT WORK AT WORK	E
22. I hereby eertify that I attended the deceased from 3 deceased alive on 3 2 . 19 12 . and that death occurrence 23a. SIGNATURE	19 19 10 3/12, 1952, that I last saw the arred at 10 15 p.m., from the causes and on the date stated above.
Degonionakis M.O.	Brovident Hospital 3/3/52
24a. BURIAL, CREMA- TION, REMOVAL (Specify) Burial 24b. DATE 24c. NAME OF CEMET	Cem Baltimore Md.
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR Huntington Williams	Moraleen G. Hausley.
VG 150	



CERTIFICATE OF DEATH Registered 2 2525

B	IRTH NO			CERTIFICATI	L OI BLATH		
1.	NAME OF D	ECEASED			2.	DATE	
(1	.ype or Frint)	Dorothu	a s m	7717		OF DEATH	_77_7055
	PLACE OF D	City, Maryland	lito.	C i tor	4. USUAL RESIDENCE (Where A. STATE		
H	FULL NAME OSPITAL OR	OF (If not in hospit		ion, give street address of location	the state of the s	de enroquate limits &	write RURAL and give
IN	STITUTION	527 nest (TOFF	streat	Laltimor	11-0	township)
7				Yrs.	D. STREET ADDRESS (If rural,	give location)	
G.	Length of s	tay in Baltimore	1110	Mos. Days	517 west Cross	Street	
5.	SEX	6. COLOR OR RACE	7. SINGLI WIDOW	E. MARRIED. /ED, DIVORCED (Specifi	8. DATE OF BIRTH 9. A	AGE (In years Um last birthday) Month	der I Year If Under 24 Hours hs: Days Ifours Min.
	cemulo	Col.	Mar	rried	A 111-0-1.28	25	
1C	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KINE	OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign	country) 12	2. CITIZEN OF
	Housew		at no		la Limore		WHAT COUNTRY?
13	FATHER'S				14. MOTHER'S MAIDEN NAME	1.0	
	Georg		ves 5	r.	Pheote Jone	8	
15 (Ye	s, no or unknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ADD	DRESS
`	10		,	SECORITI NO.	Pheore Graves 10	17 Bricco	Street
	18. 002	×		CAUSE	OF DEATH		INTERVAL BETWEEN
		SE OR CONDITION	DIRECTLY	-			ONSET AND DEATH
		LEADING TO DEAT	CH	Ko	Constant Tulin	AR.	
	heart failu	not mean the mode oure, asthenia, etc. It mea	f dying, e.g ns the diseas	(A)			
		complication which e			1		
		ANTECEDENT CAUS	ES	111	lean le la	1	
Z				(B)	uculo As (pu	weren	4/
0	DISEASES	S OR CONDITIONS, I	STATING TH	IG IE DUE TO			AJ
AT	UNDERLY	TING CONDITION LA	ST.			0	
ERTIFICATION				(C)		*************************	****
1		11					
D.	OTHER S	IGNIFICANT CONDI	TIONS CON	1.			
S	TO THE D	ISEASE OR CONDITION	CAUSING I	Γ			
	19A. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS OF OPE	RATION		20. AUTOPSY?
Y							YES NO
EDICA	LYING OF	R CONTRIBUTING DEATH	218. PLA	ACE OF INJURY (e. g., farm, factory, street, office bldg	in or 21c. WHERE DID (If in)	Baltimore City, give	e exact location)
Σ	ID. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCUR	RED 21F. HOW DID INJURY OCC	CUR?	
L	FINJURY			WHILE AT NOT WHIL			
			m. j	WORK WRK	(2 /	11	
	22. I hereb	y certify that I att	ended the	deecased from	10 , to 3	, 193,	that I last saw the
	deceased a	live on	, 19	and that death occu	erred at 2:30 km., from the ca		
	23A. SIQ.QA	TURE	1ste	14. D.M.D.	601 N. Mour	e H	3 14 SZ
2. TI	4A. BURIAL,	CREMA- 248, DATE)	24c. NAME OF CEMET	ERY OR CREMATORY 24D. LOCAT	ION (City, town, or	eourty) (State)
	Purial	3/14/19	52	Bultimore	mai. Cen. Palt	imore Mar	vland
	ATE RECEIVE		S SIGNATL	IRE	25 FUNERAL DIRECTON	A	DDRESS
L	CAL REGIST	1952 + Tuti	stur	VIII our TER	Elever on Wilson	1000 Bu	integ me
	VS 150		7 8 1917		A 0 0		V



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : vesidence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF location) (If outside corporate limits, write KURAI and give C. CITY OR TOWN INSTITUTION township) Tell timber Pruce Street Yrs. D. STREET ADDRESS (If rural, give location) Mos. Life 55 Truce Street c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (in years | Il Under 1 Year | Il Under 24 Hours | last birthday) | Months | Days | Hours | Min. 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Feb. 18,7070 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work doneduring most of working life, even if retired) INDUSTRY WHAT COUNTRY? Housewife at Home Reltimore 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or uoknowo) (If yes, give wer or dates of service) SECURITY NO. illie Farnor :53 Lunce Street 18. 002X NTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY lubercultsis LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL YES 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? INJURY WHILE AT 1917-10 , 19 Lthat I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on_ 19 I and that death occurred at_ m., from the dauses and on the date stated above.

23A. SLONATURE

23B. ADDRESS

23C. DATE SIGNED

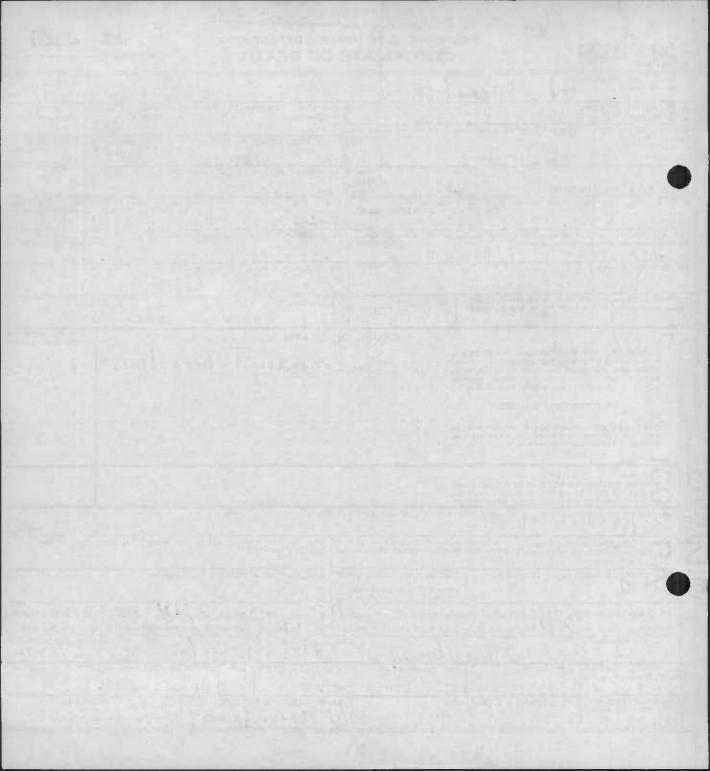
24C. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-TION, REMOVAL (Specify) CREMA-24D.

Cem. DATE RECEIVED BY LOCAL REGISTRAR

25 FUNERAL DIRECTOR

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5	9 9897	EALTH DEPARTMENT	52 2527
BI	CERTIFICAT	E OF DEATH Registered N	NO
	NAME OF DECEASED	2. DATE	
(T	ype or Print) MRS . MARY W. HITSEL	SERGER DEATH 3-	13-52
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If A. STATE B. COUNTY	institution: residence
9.	FULL NAME OF (If not in hospital or institution, give street address of	maryland Fax	to
	OSPITAL OR location	C. CITY OR TOWN (If outside corporate limit	s, write RURAL and give township)
	It. Agnes Hospital	Baltimore 1	www.sittp)
	ength of stay in Baltimore 89 Wos.		5300
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	B DATE OF BIRTH 9. AGE (In years)	Under I Year If Under 24 Hours
	F. WIDOWED, DIVORCED (Specify	Yell. 22-1862 91) elast birthday) Mo	onths Days Hours Min.
	A. USUAL OCCUPATION (Give kind of loss. KIND OF BUSINESS OR done during most of working life, even if retired) INDUSTR	1	12. CITIZEN OF WHAT COUNTRY
13	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	1607
	band 11. Nel.	Tools of heel	1
	WAS DECEASED EVER IN U. S. ARMED FORCES? B. DO OF NINDOWN) (If yos, give war or dates of service) SECURITY NO.	17. INFORMANT	DDRESS of 1 st
	M	lugher clevant Helselle	ar.
	18. 422.1 CAUSE	OF DEATH	ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	readial mailles "	
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,		
	injury or complication which caused death.) DUE TO	0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	ANTECEDENT CAUSES	word. Randio- Note.	
Z	DISEASES OR CONDITIONS, IF ANY, GIVING	Misse	
NOIF	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	1. 1 A Limber	
CA	(c)		
Ē.	11		
RTI	OTHER SIGNIFICANT CONDITIONS CON-		
CE	TRIBUTING TO THE GEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?
DICAL	1-8-52 DRY GANGRENE	K1. John Milerachine	YES NO
MEDI	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg		give exact location)
þ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR	RED 21F. HOW DID INJURY OCCUR?	
	m. WHILE AT NOT WHIL		
h	22. I hereby certify that I attended the deceased from!	- 5 .1958 to 3-13 .157	that I last saw the
		erred at 9:35Pm., from the equses and on the	-
	23A. SIGNATURE	23B. ADORESS	23c. DATE SIGNED
	Harry d. Lange M.D.	St. Habres / Assis	3-13-52
711	A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET	ERY OF CREMATIONY 240. LOCATION (City, town,	or county) (State)
	union May 1753 New Cal	A Melench	/lee
D	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
	MART TOS & tington Wethaus of Att	Terricle 2. 18 rain 64	6 Carvello
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BALTIMORE CITY HEALTH DEPARTMENT 59 2578

	6 601	20		CERTIFICATI	E OF DEATH	Registered No	, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
-	IRTH NO.						
	NAME OF D		rles F	. Weaver		2. DATE OF DEATH Mar	13,1952
Α.		City, Maryland			4. USUAL RESIDENCE A. STATE	E (Where deceased lived, If in B. COUNTY	before admission)
	FULL NAME OSPITAL OR	OF (If not in hospit	al or institut	ion, give street address or location)	c. CITY OR TOWN	Baltimore (If outside corporate limits,	
	to the same and th	Union Mem.	Hospi		C. CITT OR TOWN	ar outside corporate innies,	township)
	anoth of s	tav in Baltimore		Yrs. Mos.	Dogwood Ro		Kana
-	SEX	6. COLOR OR RACE	7. SINGLE	Days E. MARRIED.	8. DATE OF BIRTH	9. AGE un years Il lie	ider I Year Il Under 24 Hours
M		W.	Divo	red, DIVORCED (Specify)	Jan.5,1900	last birthday) Mont	hs Days Hours Min.
		CUPATION (Give kind of of working life, even if retired)	10B. KINE	OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	2. CITIZEN OF WHAT COUNTRY
	uditor	or working me, even ment	Gas.&	Elec.Co.	Md.		WHAT COUNTRY
13	B. FATHER'S	NAME			14. MOTHER'S MAIDE	N NAME	
		F. Weaver			Margaret (Carroll	
Ye (Ye	s, no or unknown)	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ADI	DRESS
					Mrs.Jacquelin	ne M. Baldwin I	Dogwood Rd.
CERTIFICATION	(This does heart failus injury or DISEASE: RISE TO TUNDERL'	SE OR CONDITION LEADING TO DEA: s not mean the mode of the compleation which of the complication which of the compleation	TH of dying, e. f. of dying, e. f. of dying, e. f. of disease aused death SES F ANY, GIVIN STATING THE ST. TIONS CONNOT RELATE	(B)	EBRAL HEM PERTENSIVE FASE	CARDIO VASCULAR	ONSET AND DEATH
٢	19A. DATE C	OF OPERATION 1	98. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
CA			l ota ni i	ACE OF INJURY (e. g., i	n or 21c. WHERE DID	(If in Baltimore City, giv	YES NO
MEDICAL	CAUSE OF	DENT WAS UNDER- R CONTRIBUTING DEATH (Month) (Day) (Year)	about home,	arm, factory, etreet, office bidg., office b	ED 21F. HOW DID INJ		
	-		m.	WORK AT WORK		2 /2	
		y certify that I att				3.13 , 1952,	
			_, 19 5 6,			m the causes and on the	
	23A. SIGNA	vis llga	ite	M. D.	Bon Seron	1 8 1 17	3-14-52
2	4A. BURIAL. ON, REMOVAL (S	CREMA- 248. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 24	D. LOCATION (City, town, or	county) (State)
49.00	urial	3-17-	1952	Lorraine Pa	ark	Woodlawn.	163
D	ATE RECEIVE	D BY REGISTRAR			25. FUNERAL DIRECTO		ADDRESS
L	MAR 1	11059	ton!	19:000 100	Howard Stro	ong 3207 W. No	orth Ave.
	VS 150	0		0005	6 5 2 6		

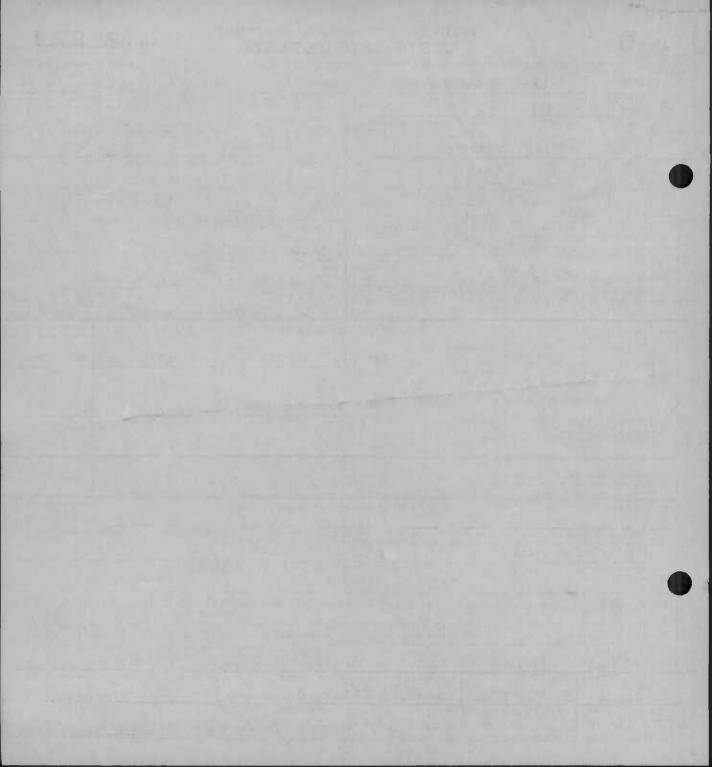
Dr. LEARTER.

4

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

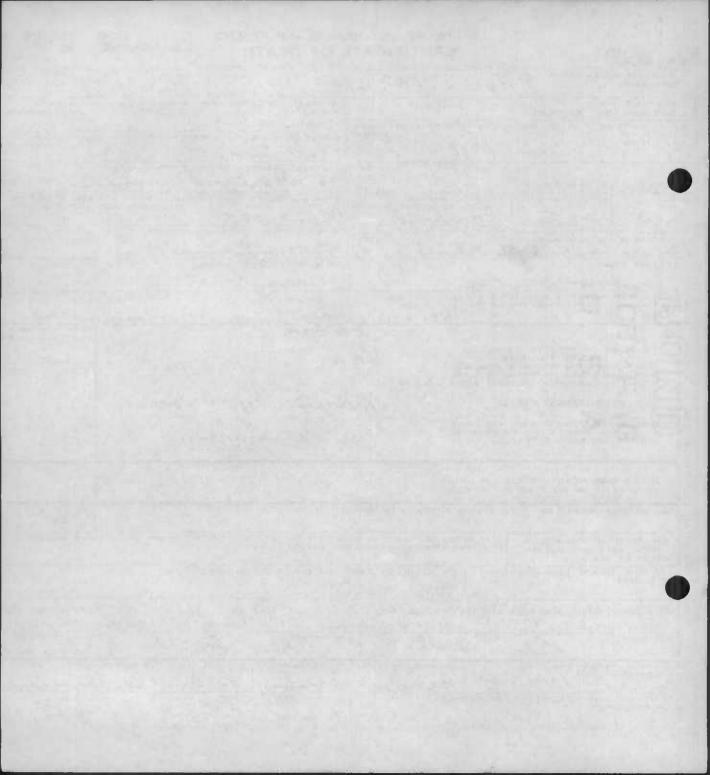
Registered Ro 2529

В	CERTIFICATE	E OF DEATH Registered No.				
	NAME OF DECEASED (Spe or Print) MARY M GLANTZ	2. DATE OF DEATH March 14. 1952				
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)				
B	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)	Maryland C. CITY OR TOWN (If outside corporate limits, with RURAL and give				
	Franklin Square Hospital	Baltimore D township				
r	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)				
5	Length of stay in Baltimore Days SEX 6.COLOR OR RACE 7. SINGLE, MARRIED.	1215 Holling Street 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 House				
	female white small (Specify)	4/2/1874 Past birthday) Months Days Hours Min.				
	DA. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR INDUSTRY) A ous Working life, even it etired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY				
1	Courad Allast	Margaret Werner				
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMAT ADDRESS 150. ST.				
~	18. LL 2 2. 1 CAUSE	OF DEATH INTERVAL BETWEEN				
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH				
1	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	iosclerotic cardiovascular disease				
	ANTECEDENT CAUSES					
Z	DISEASES OR CONDITIONS, IF ANY, GIVING					
FICATION	UNDERLYING CONDITION LAST. (C)					
FIC	11	TO SECURE A SECURITION OF THE				
ERTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
7	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY? YES NO				
EDICA	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.	n or 21C. WHERE DID (If in Baltimore City, give exact location)				
M	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRING WHILE AT WORK AT WORK					
		above, held an inspection & inquirythereon and from				
	the evidence obtained by said Autopsy, Inspection or I and death in my opinion resulted from: natural causes	Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the day stated above \square , accident \square , suicide \square , homicide \square , undetermined \square .				
		238. CHIEF MEDICAL EXAMINER				
T	4a. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMETE ON. REMOVAL (Specify) 3/17/52 hew tathe	drab Com 4300 Old Frederick Rd				
7	ATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR AD 1 1997	25. FUNERAL DIRECTOR ADDRESS VI.				
1	S 151					



10 1/2		
BALTIMORE CITY H	EALTH DEPARTMENT	59 9520
BIRTH NO 30 CERTIFICAT	E OF DEATH Registe	ered No.
1. NAME OF DECEASED PAUL J. CASPE	2. DATE OF DEATH	3/13/52
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased li	
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)		te limits, write RUBA rand give
Junas 10081	Baltimore	12-0 (winship)
Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location 1817 Suilford ave	on!
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify	8. DATE OF 8IRTH 9. AGE (In ye last birthda	ears
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. E/RTHPLACE (State or foreign country)	12. CITIZEN OF
work open during most of yorking life, even if refired? National Can Go	Pennsylvania	WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL	17 INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Hazel Casper, 1817 H	willow dave.
1 7 7 0 1	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	mia	3 w/Cs
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	1	
ANTECEDENT CAUSES MAS	elignan hephrosclerosis	2 4-5
DISEASES OF CONDITIONS IS ANY CIVING	ental Agretins.a	
(c)	luna Mymyns.	4-5
OTHER SIGNIFICANT CONDITIONS CON-		
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION	20. AUTO SY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bidg.		City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR		
m. WHILE AT NOT WHILE	41	
deceased alive on 113, 19 and that death occu		19, that I last saw the
23A. SIGNATURE	238. ADDRESS HOSAIDAL	23C. DATE SIGNED
24A. BURIAL CREMA- 24B. DATE 24C. NAME OF CEMETE TION REMOVAL (Specify)	/ / / /	, town, or county) (State)
Burial 3/17/52 Markewood	Cemeley Varkvel	le, maryland
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
THE STATE OF THE S	12.1000000	· 1 To valva

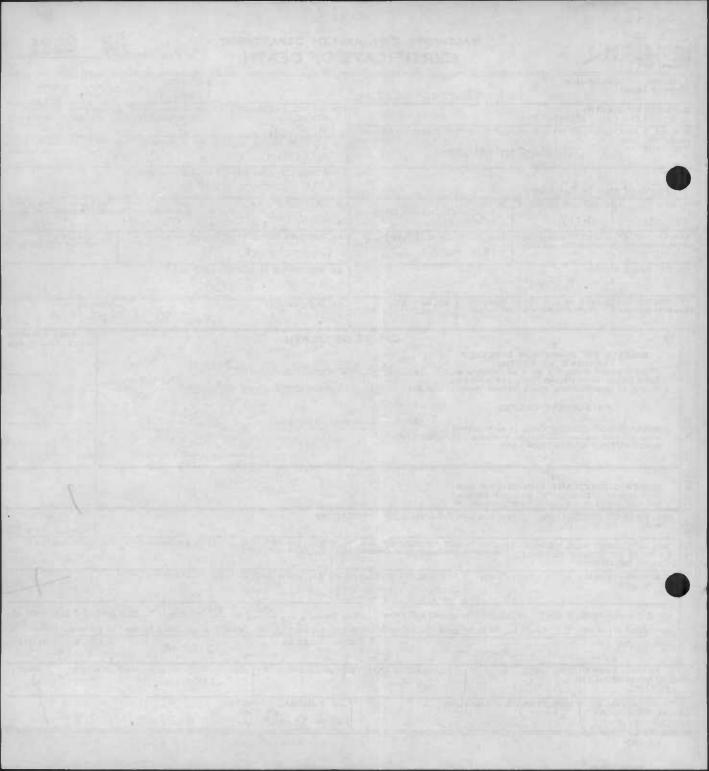
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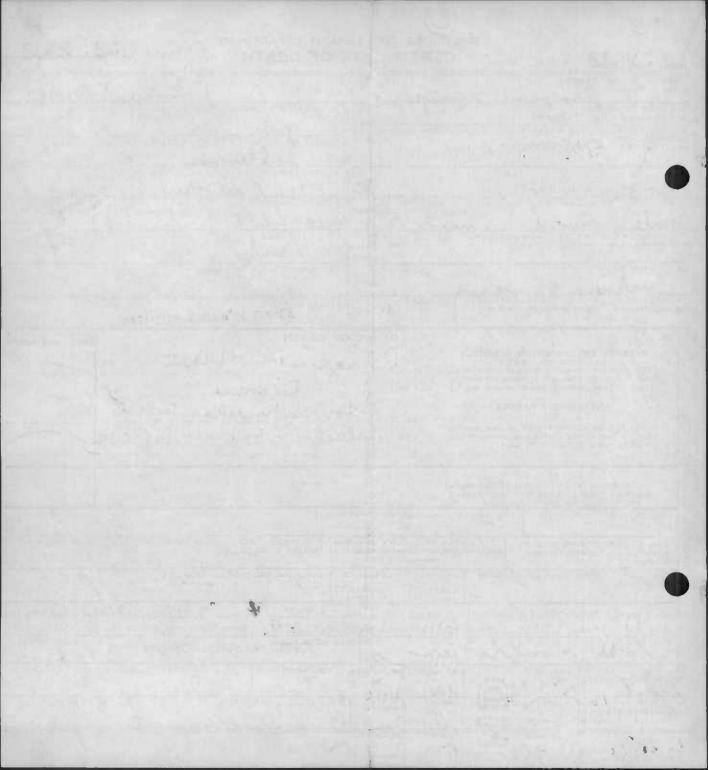
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 2531

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) Ida May Harmon	2. DATE OF March 12, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION 1310 Harford Avenue	4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission) Mryland c. CITY OR TOWN (If outside corporate limits, were RURAL and give township)
C. Length of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 1310 Farford Avenue
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	3. DATE OF BIRTH January 8, 1862 9. AGE (In years lit Under 1 Year Months) Days Hours Min.
10A. USUAL OCCUPATION (Givekind of vork done during most of working life, even if retired) housewife 10B. KIND OF BUSINESS OR INDUSTRY OWN home	11. BIRTHPLACE (State or foreign country) Pennsylvania 12. CITIZEN OF WHAT COUNTRY?
Joseph R. Kremer	Marion A. Clarke
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or nnknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS Mrs. Minnie Disney, 1310 Harford Avenue
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES ON CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	ruscleste divorascula disasce
TO THE DISEASE OR CONDITION CAUSING IT. 19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA 4	YES NO
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., et CAUSE OF DEATH 1D. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRE WHILE AT NOT WHILE	te.) INJURY OCCUR?
deecased alive on	38. ADDRESS North Ore 23C. DATE SIGNED 3-14-50 RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
burial 3/15/52 London Park DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	25. FUNERAL DIRECTOR ADDRESS WM. Book. Ac., 1217 St. Paul Street



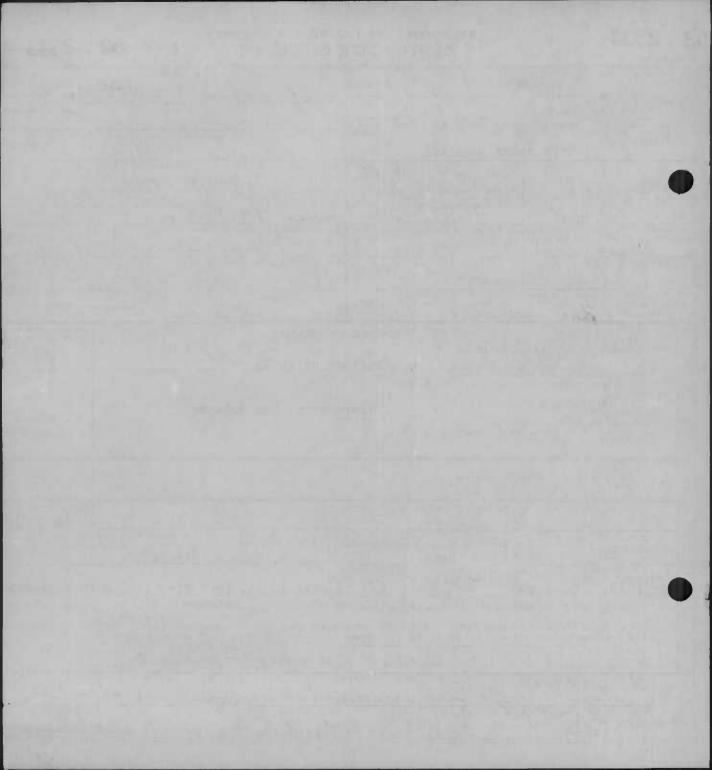
	BALTIMORE CITY HE	EALTH DEPARTMENT	1-0	On on
BI	21 NO 2532 51-24663 CERTIFICAT	E OF DEATH	Registered No.	2532
1.	NAME OF DECEASED (ype or Print)		2. DATE OF	10 16 60
	PLACE OF DEATH: Politimone City: Manyland	4. USUAL RESIDENCE (WI	DEATH Munch nere deceased lived, If inst	
В.	Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or location)		fla	before admission)
	STITUTION JOHNS HOPKINS HOSPITAL	c, CITY OR TOWN (If o	outside corporate limits, wi	rite RURAL and give tøwnship)
	Yrs. Mos.	o. STREET ADDRESS (If r	ural, give location)	
	Length of stay in Baltimore Days SEX 6.COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE (In years Under	r T Year If Under 24 Hours
1	nale Coloned Sunalo, Specify)		last birthday) Months	
1 C worl	A. USUAL OCCUPATION (Give kind of a done during most of working life, even If retired) INDUSTRY	11. BIRTHPLACE (State or for	eign country) 12.	CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME	14. MOTHER'S MAIDEN NA	ME	
15	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT	ADDF	RESS
(Ye	s, no or unknown) (If yes, give war or dates of service) SECURITY NO.	JOHNS HOPKI	NS HOSPITAL	
	1-7:00	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,	al Habines	eart	
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	Disease		
	ANTECEDENT CAUSES	lementucial o	4 septal	
ION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	leventuille leil - Ebsku	in Dicense	
CAJ	UNDERLYING CONDITION LAST.		y y jedje	
RTIF	11			
CER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
EDICA	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., CAUSE OF DEATH		in Baltimore City, give	YES NO
1000	CAUSE OF BEATH			
	1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
Ž	F INJURY MHILE AT NOT WHILE AT WORK AT WORK			exact location)
2	FINJURY m. WHILE AT NOT WHILE AT WORK 22. I leveby certify that I attended the deceased from	2-24, 19 52 , to	<u> </u>	exact location)
N	m. WHILE AT NOT WHILE AT WORK 22. I pereby certify that I attended the deceased from deceased alive on 3-12, 1952, and that death occur.	2-24, 1952, to rred at 10 P, m., from th	3–) Z , 19 52 , the causes and on the d	exact location)
2	m. WHILE AT NOT WHILE AT WORK AT WORK 22. I weekly certify that I attended the deceased from deceased alive on 3-12, 1952, and that death occur. 23A. SINATURE M. O.	2-24, 1952, to rred at 102, m., from th	3-)2, 1952, the causes and on the d	exact location) hat I last saw the late stated above. 3c. DATE SIGNED 3-12-52
24 Tio	m. WHILE AT NOT WHILE AT WORK 22. I pereby certify that I attended the deceased from deceased alive on 3-12, 1952, and that death occur 23A. SANATURE	2-24, 1952, to rred at 10 P, m., from th 23B. ADJOHNS HOPKINS ERY OR CREMATORY 24D. LO	3-)2, 1957, the causes and on the d	exact location) hat I last saw the late stated above. 3c. DATE SIGNED 3-12-52
1 3	22. I preby certify that I attended the deceased from deceased alive on 3-12, 1952, and that death occur. 23A. SYNATURE M. O. 4A. BURIAL, CREMA- 24B. DATE DN. REMOVAL (Specify) ATE RECEIVED BY REGISTRAR'S SIGNATURE	2-24, 1952, to rred at 102, m., from th	3-12, 1952, the eauses and on the de HOSPITAL 2 CATION (City, town, or continuous)	exact location) hat I last saw the late stated above. 3c. DATE SIGNED 3-12-52
1 3	22. I preby certify that I attended the deceased from deceased alive on 3-12, 1952, and that death occur 23A. SIGNATURE 4A. BURIAL, CREMA- 24B. DATE DN, REMOVAL (Specify) 3/13/52 M. O. 24C. NAME OF CEMETE	2-24, 1957, to rred at 10 P, m., from th 23B. ADJOHNS HOPKINS ERY OR CREMATORY 24D. LO	3-12, 19.52, the causes and on the de HOSPITAL 2 CATION (City, town, or company)	hat I last saw the late stated above. 3c. DATE SIGNED 3-/2-5 & county) (State)



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

ristered No. 2533

BIRTH NO.	CERTIFICAT	E OF DEATH	Registered No	(3)55
1. NAME OF DECEASED (Type or Print) CARL	BURGISS		2. DATE OF DEATH March	
a. Baltimore City, Maryland		4. USUAL RESIDENCE (V	Where deceased lived, If in B. COUNTY	stitution: residence before admission
B. FULL NAME OF (If not in hospital or institution) B. FULL NAME OF (If not in hospital or institution)	tution, give street address or location	c. CITY OR TOWN (If	outside corporate limits,	with R RAL and giv , township
University Hos	Yrs.	Baltimore p. STREET ADDRESS (If	rural, give location)	
ength of stay in Baltimore	Mos.	325 W Ped	wood Street	
5. SEX 6. COLOR OF RACE 7. SING	OWED, DIVORCED (Pocify	DATE OF BIRTH	9. AGE (in years last birthday) Mont	der I Year hs Days Hours Min
10A. USUAL OCCUPATION (Give kind of lob. KI work dooe during flost of working life youn if retired)	ND OF BUSINESS OR		oreign country) 1	2. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME (Section)	1	14. MOTHER'S MAIDEN N	AME .	
15. WAS DECEASED EVER IN U. S. ARMED FORCES: (You, oo or unknown) (If you, give war or dates of service)	16. SOCIAL SECURITY NO.	17 NFORMANT Bee	Eges, ADI	DRESS
1d E 902.0	CAUSE	OF DEATH	/	INTERVAL BETWEE
DISÉASE OR CONDITION DIRECTI LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis	e.g., (A) Fract	ure of skull		
injury or complication which caused de	eath.) out-to-			
	VING (B)	cerebral hemorrha	ges	
DISEASES OR CONDITIONS, IF ANY, GI RISE TO THE ABOVE GAUSE (A) STATING UNDERLYING CONDITION LAST.	(C)			
OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE DEATH, BUT NOT RELL TO THE DISEASE OR CONDITION CAUSING	ATED			
U 19A. DATE OF OPERATION 19B. MAJO	20. AUTOPSY?			
UNDERLYING A OR CONTRIB. about hor	PLACE OF INJURY (e. g., me, farm, factory, street, office bldg.	,etc.) INJURY OCCUR?	If in Baltimore City, giv	e exact location)
E 210. TIME (Month) (Day) (Year is (Hour))	NOME		d Street	
arch 12. 1952-12:00 m	WHILE AT NOT WHILE AT WORK		om fire escape	to sidewall
22. I certify that I took charge of the	he remains described	above, held an Autopsy.	Opsy Inspection or Inquiry	thereon and from
the evidence obtained by said A and death in my opinion resulted	utopsy, Inspection or d from: natural cause	Inquiry, find that said $d = 1$ accident X , suicide	L, homicide L, un	determined [_].
23A, GRATURE X. Ku		23B. CHIEF MEDICAL ASSISTANT MEDICAL M.D. MEDICAL INVESTIGAT	EXAMINER Mar	ch 14, 1952
24A. BURIAL. CREMA- 24B. DATE TION REMOVAL (Specify) 3/7/5	New Kilon	el cereley /	reduced P	& xul
DATE RECEIVED BY REGISTRAR'S SIGNAL LOCAL REGISTRAR	TORE WINGLIS A	25 FUNERAL DIRECTOR	cester Tos h	C Heury Str
vs 131 R 1 11332 N 802. 0	5828	E		W



BALTIMORE CITY HEALTH DEPARTMENT Registere 20 2535 CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission B. FULL NAME OF "I not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RUKAL and giv C. CITY OR TOWN INSTITUTION D. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore HELENA Days 6. COLOR OR RACE 9. AGE (in years) If Under I Year If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. NIDOWED 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY TOUSE WIFE RGINIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME YEARL 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) SECURITY NO. 5 AME 18.4 20.0 CAUSE OF DEATH INTERVAL BETWEE ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON TRIBUTING TO THE DEATH. BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (c. g., in or 21A. EXTERNAL CAUSE WAS 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) UNDERLYING | OR CONTRIB-INJURY OCCUR? UTING [CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 2 IE. INJURY OCCURRED OF INJURY WHILE AT WORK AT WORK 22. I certify that I took charge of the remains described above, held an respect Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day statest above, and death in my opinion resulted from: natural causes &, accident [], suicide [], homicide [], undetermined [234 SIGNATURE 238 GHIEF MEDICAL EXAMINER 33C. DATE SIGNED MEDICAL INVESTIGATOR BURIAL, CREMA-24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify LUNENBURG DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR unfingsort 151

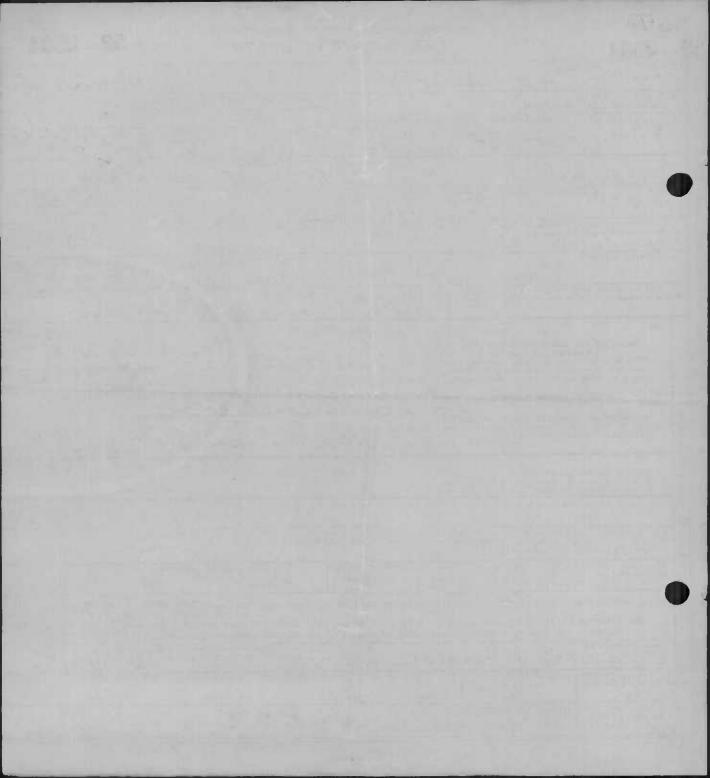
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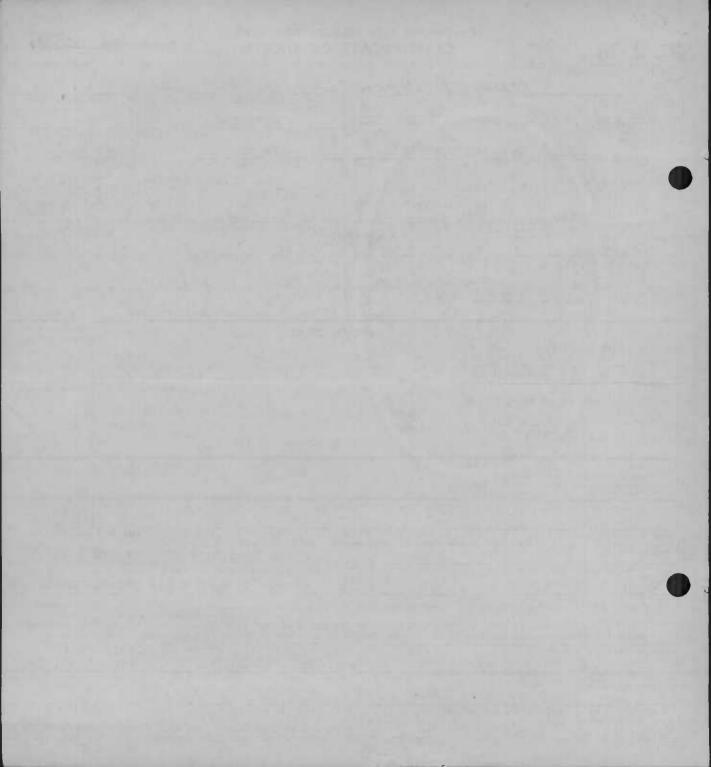
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 2535
Registered No.

1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence
A. STATE
B. FOUNTY before admissi-3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE before admission) (If not in hospital prinstitution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Mumore (If rural give location) Yrs. O. STREET ADDRESS ength of stay in Baltimore Days SINGLE, MARRIED, WIDOWED, DIVO (CED (Specify) 6. COLOR OR RACE AGE (In years | H Under | Year | H Under 24 Hours last birthday) | Months: Days | Hours: Min. 10A. USUAL OCCUPATION (Givekindof) DB. KIND OF BUSINESS OR 12 CITIZEN OF out done during most of working life, even ilcorred) INDUST WHAT COUNTRY? FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? SOCIAL ADDRESS 50 (Yes, no or unknown) (If yes, give war or dutes of service) SECURITY NO 18-03-915 INTERVAL BETWEEN 70 x aux 002 x ONSET AND OEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) melantaris To st ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 30-40 uluman leberculoris 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY Broken showed caremorna 2 B. PLACE OF INJURY (e. g., in or about hoose, farm, factory, street, office bldg., etc.) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED WHILE AT 22. I hereby certify that I attended the deceased from ap. , 1951, to Mar/ 8 _, 1952 that I last saw the deceased alive on Man. 12, 1952, and that death occurred at 56 A.m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL. CREMA-TION DEMOVAL (Specify) 240. LOGATION (City, town, or county) 24c. NAME OF CEMETERY OR PREMATORY 20 DATE RECEIVED BY REGISTRAR'S SIGNATURE EUNERAL BIRECTOR /ADDR/ESS Hurlington VS 150

Dr. R.B. Whigh

1)	571								
50	2526			E OF DEATH	Registered N	2536			
	TH NO. JOU								
	NAME OF DECEASED be or Print)	HAROL	D DEAN	ISENNOCK		n 12, 1952			
3. PLACE OF DEATH: A. Baltimore City, Maryland			A. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)						
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION				Maryland Baltimore c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)					
Union Memorial Hospital			Towson o. STREET ADDRESS (If rural, give location)						
ength of stay in Baltimore Mos. Days				220 Willow Avenue					
5. \$		ACE 7. SINGLE	, MARRIED, ED, DIVORCED (Specify	B. DATE OF BIRTH		Under I Year If Under 24 Hours aths Days Hours Min.			
	Male White		NGLE OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF			
work d	one during most of working life, even if re		INDUSTR	BALTO Co.	Md.	WHAT COUNTRY?			
13.	FATHER'S NAME	D T	1	14. MOTHER'S MAIDEN N	7				
15_	TTAROL D WAS DECEASED EVER IN U. S. A	RMED FORCES?	16. SOCIAL	17. INFORMANT	DUNCAN	DRESS 418			
(Yes.	no or unknown) (If yes, give war o	or dates of service)	SECURITY NO.	mr N.B.	sennock	Maherth			
	18. F815,4.		CAUSE	OF DEATH	,	INTERVAL BETWEEN			
	DISEASE OR CONDIT			7 0		7			
	(This does not mean the m heart failure, asthenia, etc. I injury or complication wh	ode of dying, e. g t means the disease		1 iracture					
	ANTECEDENT	CAUSES	Ext	radural and subdur					
Z	(B)								
RTIFICATION	UNDERLYING CONDITION			asion of brain					
FIC	11								
	OTHER SIGNIFICANT CO TRIBUTING TO THE GEATH, TO THE GISEASE OR CONG	BUT NOT RELATE	0						
CE CE	19A. DATE OF OPERATION	STREET, SQUARE, SQUARE	FINDINGS OF OPE	RATION		20. AUTOPSY?			
AL-		- 1 210 DI A	CE OF INDIES (in or 21c. WHERE DID (lf in Baltimore City, g	YES Y NO			
151	21A. EXTERNAL CAUSE WA UNDERLYING [] OR CONT UTING [] CAUSE OF DE	RIB- about home, fa	CE OF INJURY (e. g., arm, factory, street, office bldg.	,etc.) INJURY OCCUR?	ear Old Harfo	500			
[14]	210. TIME (Month) (Day) (Road			Tu wau			
	March 9, 1952	m. v	WORK NOT WHILE	x Struck by au	to while driv	ing motorcycle			
	22. I certify that I took	charge of the	remains described	above, held an	utopsy	thereon and from			
	the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes \(\), accident \(\), suicide \(\), homicide \(\), undetermined \(\).								
	23A. SIGNATURE	Lovistx		23B. CHIEF MEDICAL ASSISTANT MEDICAL M.D. MEDICAL INVESTIGAT	EXAMINER Ma	rch 13, 1952			
24a. BURIAL, CREMA- TION REMOVAL (Specify) 3/15/57 Mareland Tark Galts (State)									
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR APPRESS LOCAL REGISTRAR 5305 Harford P									
VS	151 N803.6	20	idetación, my			10			



1 4	500	*			
6		BALTIMORE CITY HE	EALTH DEPARTMENT	52	2537
25	RTH 12537	CERTIFICATE	E OF DEATH	Registered No.	
	NAME OF DECEASED (pe or Print)	In m. the	ion. Se.	OF DEATH MAN.	13-1952
Α.	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (WEA. STATE	BCOUNTY	tution : residence before admission)
H	FULL NAME OF (If not in hos DSPITAL OR STITUTION	spital or institution, give street address or location)	c, CITY OR TOWN (1)	atside corporate limits, yr	riteRORAE and give township)
-	sr. 10.	alph's Hospilal	D. STREET ADDRESS (If r)	ural, give location)	
۵	ength of stay in Baltimore	20301	2903 W	rlengton	line
5.	nale white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	act 1-1887	9. AGE (In year hunder last birthelay) Months	1 Year H Under 24 Hours Days Hours : Min.
10 worl	done during most of working the, even if retir	dof 108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country) 12.	CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	0	14. MOTHER'S MAIDEN NA	ME	
	Martin	Tyon	Mary Fly	me	
15 (Yes	. WAS DECEASED EVER IN U. S. ARM , no o unknown) (If yes, give war or d	MED FO CES? 16. SOCIAL SECURITY NO.	17 INFORMATION THEN	nia Reson	assa 903
	18. 112011	CAUSE	OF DEATH	1	INTERVAL BETWEEN
	DISEASE OR CONDITIO	N DIRECTLY	On DAY Tu	POM POCIO	
	(This does not mean the mod heart failure, asthenia, etc. It n		ONARY HI		1 aous
	injury or complication which	h caused death.) DUE TO COA		LEROSIS	1/2 year
7	ANTECEDENT CA	luses Pull	MONARY F.	NEMA	Susite
ATION	DISEASES OR CONDITIONS RISE TO THE ABOVE CAUSE (UNDERLYING CONDITION	S, IF ANY, GIVING (A) STATING THE DUE TO CHA	MONARY E.	TTAILURE	
FIC		(C)			
RT	OTHER SIGNIFICANT COM				
CE	TRIBUTING TO THE DEATH, B				
7	19A. DATE OF OPERATION	198, MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
DICA	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in about home, farm, factory, street, office bldg., e		in Baltimore City, give	
ME		The state of the s	ED 21F. HOW DID INJURY	OCCUP?	
r	21D. TIME (Month) (Day) (Ye	ear) (Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY	OCCUR!	
h		m. WORK AT WORK	194 2 . Let m.	110 12 100	
	deceased alive of Market	attended the deceased from		e causes and on the d	
	23A. SIGNATURE		3B. ADDRESS		3c, DATE, SIGNED
	John N.	wellage la wat	6919 Hayo	या एस । इ	3/13/52
24 TI	A BURIAL, CREMA- 248. DATE	E 14C. NAME OF CEMETE	RY OR CREMATORY 240. LO	CATION (City, town, or o	(State)
-	Durial Oll	152 Men 10	25 FUNERAL DIRECTOR	also 1	DRESS
	AR 1 4 1952	1 1/11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	25 FUNERAL DIRECTOR	5305 Ha	ford Pd
	VS 150	2001			1
		2706	- /7	C	

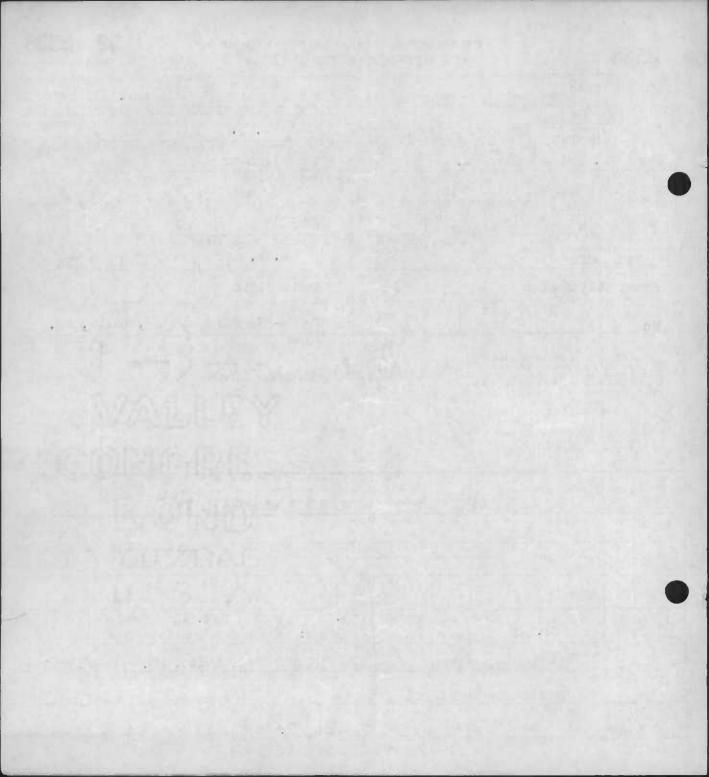
Dr. Heroch

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 2538

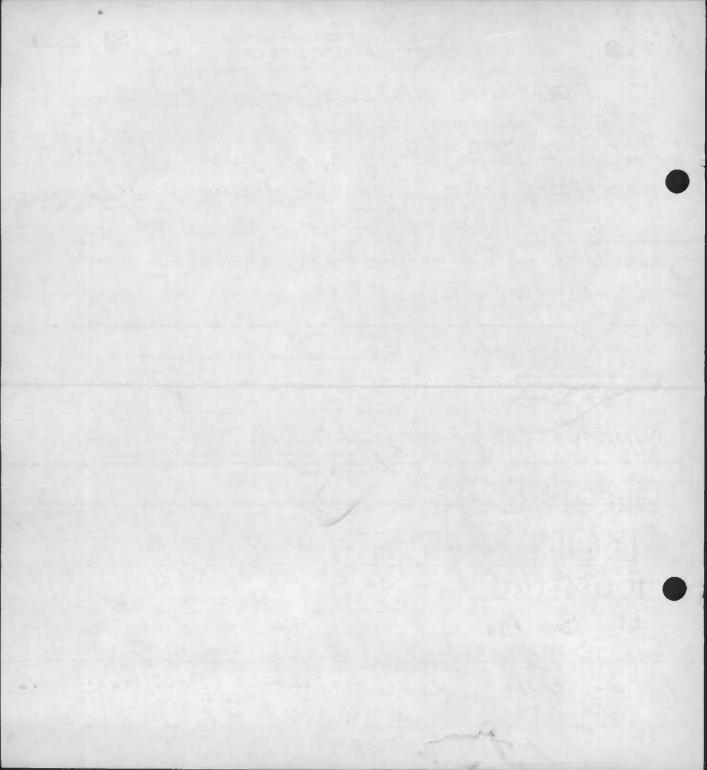
BI	RTH NO.			CERTIFICATI	E OF DEATH	1 8	
	NAME OF Daype or Print)	MARY ARC	T AHCU	HOMAS		2. DATE OF Mar.	13, 1952
A.	PLACE OF E Baltimore FULL NAME SPITAL OR STITUTION Wyman	City, Maryland	124	ion, give street address or SEIVICE location)	4. USUAL RESIDENCE (VA. STATE W.Va. C. CITY OR TOWN (If Dunbar		before admission
		stay in Baltimore	160 d	Yrs.	D. STREET ADDRESS (If	rural, give location) Delivery	
	SEX F	6. COLOR OR RACE	widow Ma:	e, MARRIED. VED, DIVORCED (Specify) rried	8. DATE OF BIRTH 9/26/11	9. AGE (In years last birthday) Mon	Inder I Year ths Days Hours Min.
work	done during most	CCUPATION (Give kind of of working life, even if retired) Sewife	10B. KINE	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY
		Whittington			Sadie Hiatt	AME	
(Yes	NO -	ED EVER IN U.S. ARMED (If yes, give war or date)	FORCES? s of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT Records- US PHS	Hospital, Ba	lto, Md.
CERTIFICATION	DISEASE OR CONDITION DIRECTLY				Ko Spreame Len	mlyl	INTERVAL BETWEEN ONSET AND DEATH
NCAL	21A. ACCIE	DENT WAS UNDER-	21B. PLA	FINDINGS OF OPER	or 21c. WHERE DID (I	f in Baltimore City, gi	YES NO Ve exact location)
3	22. I hereb deceased a 23A. SIGNA	(Month) (Day) (Year) By certify that I att live on TURE CREMA- Specify) D BY REGISTRAT	(Hour) m.	and that death occur M. D. L 24C. NAME OF CEMETER	ct. 5 ,1951, to Marred at 3:50Pm., from to 33. Address JS PHS Hospital, I	ar. 13 , 1952, the causes and on the Balto, Md.	3/13/52
till!	VS 150	Of House	722	in the state of the			



14	52
25,	2539
BIRTH	NO

BALTIMORE CITY HEALTH DEPARTMENT

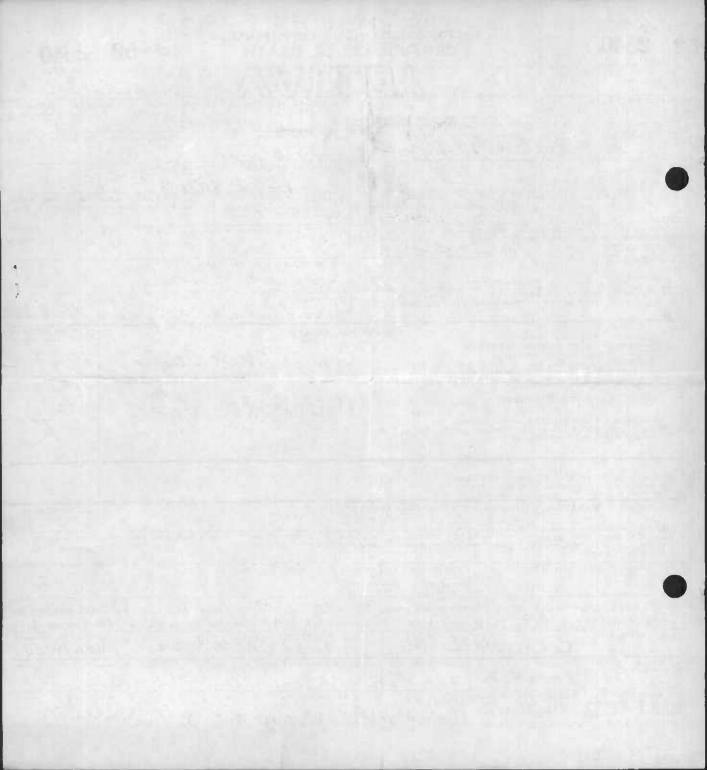
1	+00	-				per man	0.00
50	9500				EALTH DEPARTMENT	1.74	2 2539
BI	RTH NO.	,		CERTIFICAT	E OF DEATH	Registered N	0,
	NAME OF DE	ECEASED		· · · · · · · · · · · · · · · · · · ·		2. DATE	0
(T	ype or Print)	FREDE	RICK	HELM	KER	OF ORANG	h 13, 1952
	PLACE OF DE Baltimore C	EATH: itv. Marvland			4. USUAL RESIDENCE (Where deceased lived. If i	nstitution : residence before admission)
В.	FULL NAME C	OF (If not in hospit	tal or instituti	on, give street address or	Maryland	1	A desire admission,
IN	STITUTION	Litherans.	Hospi	tal of location)	C. CITY QB TOWN (I	f outside corporate limits	
	man	sland,	Baltas	mare 16, md.	BALTIMOT	RE 16	township)
17		4	,	Yrs. Mos.	D. STREET ADDRESS (I	f rural, give location)	
d		ay in Baltimore	715	Days	804 Duke	iand St.	
5.	SEX	6. COLOR OR RACE		, MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years # last birthday) Mon	Under I Year If Under 24 Hours https: Days Hours: Min.
	101	white	7	namies	Hon, 10, 1893	58 years	
10 work	A USUAL OCC	UPATION (Give kind of working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	14. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
C	VITYON K	Baito.	N . F	ince garage	Maryland		U.S.A
13	FATHER'S N	AME			14. MOTHER'S MAIDEN N	IAME	
	John	Heimk	er		/		
15 (Yes	. WAS DECEASED	O EVER IN U. S. ARMEI	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	AL	DDRESS
	100	NO		No	Mrs. Nand He	Imter 804.	Dukerandet
	18. 40	2.1		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASI	E OR CONDITION	DIRECTLY	a-t	·	20.0.	DNSE! AND DEATH
	(This does	not mean the mode	of dying, e.g.	(A)y2		ALLINAN -	
	heart failur	e, asthenia, etc. It mea complication which c	ns the disease caused death.	i overtien	disease -		
	,	ANTECEDENT CAUS	SES	DA	all	100	
z				(B) Tuln	ionary 2 de	ma terkater	~):
	RISE TO TH	OR CONDITIONS, I	STATING TH	E -DUE-TO-D'	2 R 00 3	Barrel Re	20
4	UNDERLYI	ING CONDITION LA	AST.	(C) Cuga	- Single	to la la	7.5
F.				March	the new tracks	cheny ena	-
2		GNIFICANT CONDI			min.		
Ш		TO THE DEATH, BUT					
	19A. DATE OF	OPERATION 1	9B, MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
V.							YES NO
EDIC		INT WAS UNDER- CONTRIBUTING	218. PLA about home, fa	CE OF INJURY (e. g., in rm, factory, atreet, office bldg., e	n or 21c. WHERE DID (co.) INJURY OCCUR?	If in Baltimore City, g	ive exact location)
2		Month) (Day) (Year)	(Hour) 2	TE. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
	INJURY		m. w	HILE AT NOT WHILE			
	22. I hereby	certify that I att	ended the	deceased frommer	sh 3 , 1952, to b	rank 13 1952	that I last saw the
	deceased ali	ve on much 13	1952 0	and that death occur	red at 1:46 a.m., from	the eauses and on th	e date stated above.
-	234. SIGNATI				3B. ADDRESS	1 2 0	23c. DATE SIGNED
	Tres	C. OMac	afony	san M.D.	Lutheran Ho	p. y ons.	March 13, 1953
	A. BURIAL, CI		1 2	AC. NAME OF CEMETE		OCATION (City, town,	or county) (State)
	BURIA	94 3/17/	52		THEORAL	DHUI.MO	INT MOL
LO	TE RECEIVED	BY REGISTRAR	SSIGNATU	RE,	25. FUNERAL DIRECTOR	7	ADDRESS
M	AR 1 419	52 Hunte	uglor 1	Veltaucs, And	John & Stans	cury 2700	Eumonyon.
	VS 150		0		03	7	m.



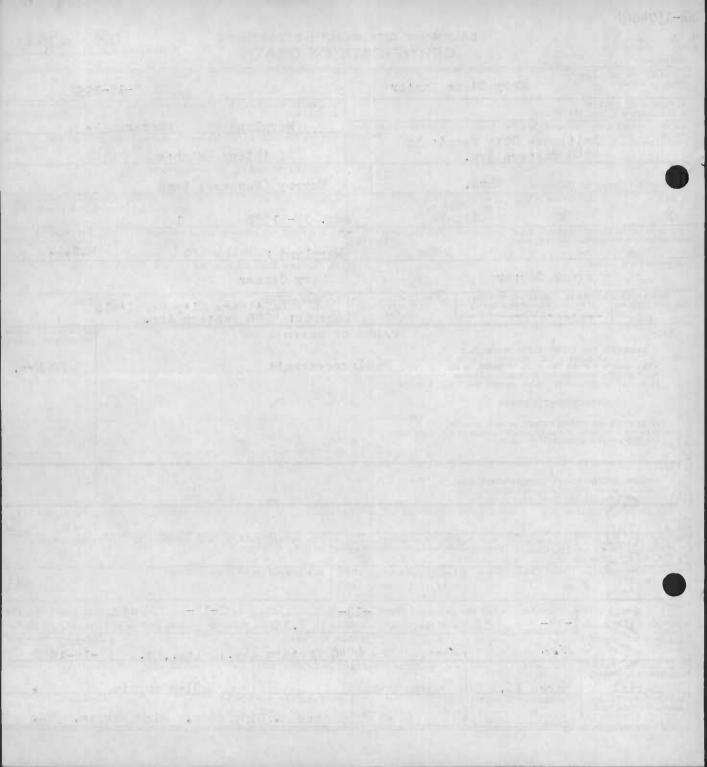
JANOS BALTIMORE CITY HEALTH DEPARTMENT

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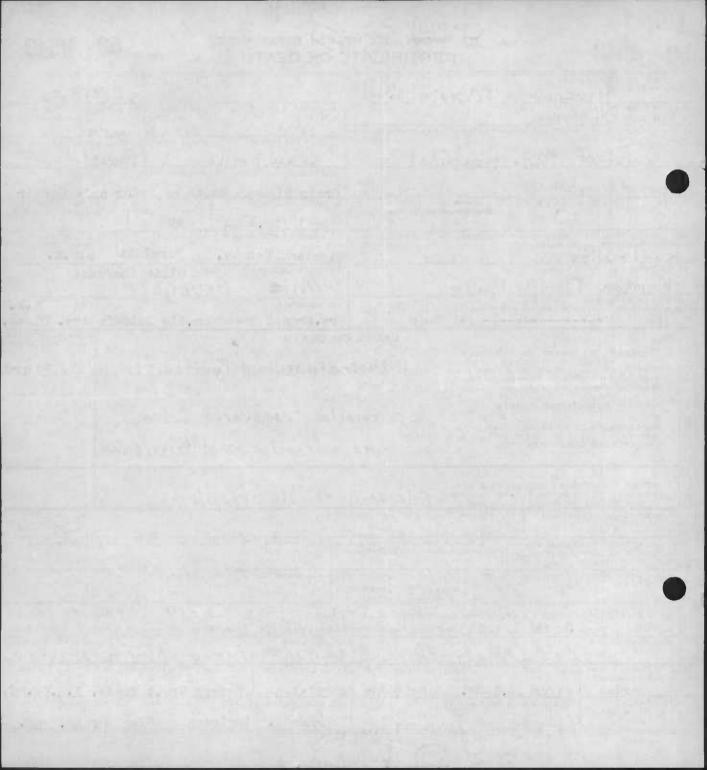
81	RTH NO.		CERTIFICATI	E OF DEATH	Registered	2040
	NAME OF DECEASED ()	their	Vanas		2. DATE CHARLE	l13/52
Α.	Baltimore City, Maryland	-1		4. USUAL RESIDENCE (Where deceased lived, If	institution: residence before admission
H	FULL NAME OF (If not in hospit OSPITAL OR OSTITUTION LETTER STATE	wiftle	oh, give street address or location)	C. CITY OR YOWN (I	f outside corporate light	y, write RURAL and give township
,	ngth of stay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (I	rupal, give location)	56
1/4	SEX 6. COLOR OR RACE	WIDOW	ED, DIVORCED (Specify)	8. DATE OF BIRTH 4-19-1878	9. AGE (ly years last birthday) Mo	Under Year H Under 24 Hours onths Days Hours Min.
orl	A. USUAL OCCUPATION (Give kind of considering most of working life, even if retired)	Meat &	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or)		12. CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME	at	(n)	14 MOTHER'S MAIDEN N	mek.	
15 Ye	. WAS DECEASED EVER IN U. S. ARMEE n. no or unknowo) (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	13. INFORMANT	-5300 Ply	DDRESS MOUTH Adia
	18. 422.1		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION LEADING TO DEAT (This does not mean the mode o heart failure, asthenia, etc. It mea injury or complication which c	ΓΗ f dying, e.g. ns the disease		Chronic Myo	earditos	140
Z	ANTECEDENT CAUS	,	(B)	arterio Sch	erosis	6 41
CALC	DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	STATING THE				
CERTIF	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED	D		Temp	
AL			FINDINGS OF OPER	ATION		20. AUTOPSY?
FULL	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH	218. PLA about home, fa	CE OF INJURY (e. g., in arm, factory, street, office bldg., e	or 21c. WHERE DID (tc.) INJURY OCCUR?	If in Baltimore City,	give exact location)
	21D. TIME (Month) (Day) (Year) FINJURY	w	TIE. INJURY OCCURRE	ED 21F. HOW DID INJUR	Y OCCUR?	
	22. I hereby certify that I att deceased alive on Mch/3	ended the	deceased from M.	Chi 1- , 1952, to)	nch 13, 195.	2, that I last saw the
	23A. SIGNATURE	OHall		3B. ADDRESS 16318Na		23c. DATE SIGNED Mel 14 32
TIO	A. BURIAL, CREMA- 24B. DATE IN REMOVAL (Specify) 3-/5	-52 2	Holy bede		COCATION (City, town,	
LC	MAR POST POST PLANT	s signatur	Velliaus Me	MULTINEBAL DIRECTOR	Hora 80041	Eleptio
	VS 150	0	56.60	64		
			2906A			



AB-	-157406/						
) (IRTH NO. 5	1 11969	ВА	CERTIFICAT	EALTH DEPARTMENT E OF DEATH	Registered N	2541
1.	NAME OF D		ry Dia:	ne Carter		2. DATE OF DEATH 3-13	3-1952
	PLACE OF D Baltimore (EATH: City, Maryland			4. USUAL RESIDENCE A. STATE	(Where deceased lived. If	
В.	FULL NAME OSPITAL OR	OF (If not in hospit		tion, give street address or location)	Maryland c. CITY OR TOWN	AnneAru	ndle
	ISTITUTION	Baltimore C 4940 Easter	ity Ho:	spitals	Linthicu	(If outside corporate limit	s, write RURAL and give township)
7				Yrs. Mos.	D. STREET ADDRESS	(If rural, give location)	7
5	ength of s	tay in Baltimore	7hrs.	Days E. MARRIED.	Murray (Nurse		Sillada I Vana Millada D4 Na
	r	W	WIDOV	VED, DIVORCED (Specify)	aug. 12- 1950	last birthday) Mo	onths Days Hours Min.
wor!	k done during most	CUPATION (Give kind of of working life, even if retired)	10B. KINI	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of		12. CITIZEN OF WHAT COUNTRY?
13	None B. FATHER'S N	JAME		None	Maryland ; Balt		U.S.A.
		Frank Cart	er		Mary Conner	NAME	
15 (Ye	. WAS DECEASI , no or unknown)	ED EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO. NONO	17. INFORMANT imer Records: 4940 Es	re City Hospifa	DDRESS
	18. 05	7.1			OF DEATH	referm was	INTERVAL BETWEEN
	DISEAS	E OR CONDITION					ONSET AND DEATH
	(This does	not mean the mode ore, asthenia, etc. It mea	f dying, e.	g., (A) Menin	gececcemia	***************************************	20 Hrs.
		complication which c					
_		ANTECEDENT CAUS	ES				
ION		OR CONDITIONS, IN			***************************************	***************************************	
FICATION		ING CONDITION LA		(C)			
FIC							
RTI		IGNIFICANT CONDI					
CE		TO THE DEATH, BUT					
DICAL	19A. DATE C	F OPERATION 1	BB. MAJOR	FINDINGS OF OPER	ATION		YES NO
Ш		ENT WAS UNDER- R CONTRIBUTING DEATH	218. PL. about home,	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e	21c. WHERE DID 10to.) INJURY OCCUR?	(If in Baltimore City, g	give exact location)
Σ	2 ID. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJU	JRY OCCUR?	
m. WHILE AT NOT WHILE AT WORK							
22. I hereby certify that I attended the deceased from 3-13-, 1952, to 3-13-, 1952, that I la							
	deecased al	live on 3-13-	, 1952_,		red at 8.35Pm., from	n the eauses and on th	ne date stated above.
	23A. 31GNA	95.	205		40 Eastern Ave.	.Balto. Md.	3-14-1952
	4A. BURIAL. (S		0	24C. NAME OF CEMETE		. LOCATION (City, town,	
	Burial	March 1	1952	Glen Haven		Glen Burnie	
	ATE RECEIVE		SIGNATI	JRE	25. FUNERAL DIRECTO		ADDRESS
=	MAR15	1952 Tunting	lovy W	Millians M. J.	Thomas W. Singl	leton, Glen Bu	rnie, Md.
	VS 150	0					



1156	
BALTIMORE CITY HE	ALTH DEPARTMENT
52 2542 CERTIFICATE	1 - 1 - 12
1. NAME OF DECEASED (Type or Print) Hevener Mavis A.	2. DATE OF THE PROPERTY OF THE
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, if institution: residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	Md. AnnArundal
Univ. of Md. Hospital	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SHIVELE, MARRIED.	Crain Highway South of Anderson's Corner 8. DATE OF BIRTH 9. AGE (In years it Under 1 Year it Under 74 Hours
F (Specify)	last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Givekind of 10B, KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
Housewife Own Home	Highland County, Virginia U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME Ollie Aborgast
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Ollie Hybogar
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Mrs.Ernest Thompson, 115 Baldwin Ave. Olean,
	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	no-purulent Peritonitis 35+ hrs
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	tion transverse Colon
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	eno-carcinound of trans. colon
E CTUES CICARETAIN CONDITIONS	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	ortical atrophy
. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA	
21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., et	or 21c. WHERE DID (If in Baltimore City, give exact location)
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., et	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	21F, HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deccased from 3	13, 195 2 to 3-14, 195 3 that I last saw the
	red at § 40 A m., from the causes and on the date stated above. 38. ADDRESS 23c. DATE SIGNED
galme Meteall M.D.	1407 Flainore Ave 3-14-62
24a. BURIAL, CREMA- TION, REMOVAL (Specify)	
Burial March 16,1952 Baldwins Me	emorial Severn Cross Roads, A.A.Co.Md. 25. FUNERAL DIRECTOR ADDRESS
LOCALI REGISTRAR	Thomas W. Singleton Glen Burnie, Md.
VS 150 Hunnington Wallaus, M.J.	

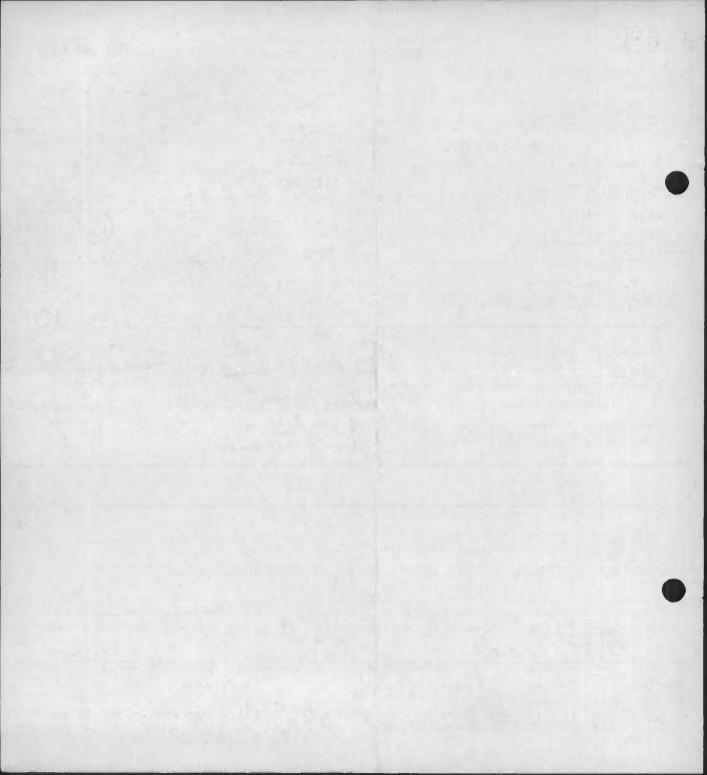


16	25
5	2543

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Regis

Registered No. 2543

BIRTH NO.	CERTIFICATE	E OF DEATH	Registered !	Vo. 2045			
I. NAME OF DECEASED (Type or Print) Florer	nce Brown Grason		2. DATE OF DEATH 3 -	13 - 1952			
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE ()	DEATH				
HOSPITAL OR	ol or institution, give street address or location)	Maryland c. CITY OR TOWN (If Baltimore	none f outside corporate limit	write RUHAL and give township)			
angth of stay in Baltimore	Yrs. Mos. Days	o. STREET ADDRESS (If 1412 Bolton St.	rural, give location)				
female 6.COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1 - 25 - 75	9. AGE (In years last birthday) Mo	Under 1 Year II Under 24 Hours onths: Days Hours: Min.			
10A. USUAL OCCUPATION (Give kind of york dooeduring most of working life, even if retired) housewife	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Howard County,		12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME S. Thomas Brown		14. MOTHER'S MAIDEN N	AME				
15. WAS DECEASED EVER IN U. S. ARMED	FORCES? 16. SOCIAL	Lydia Broome					
Yes, oo or uokoown) (If yes, giva war or dates	of service) SECURITY NO.	Samuel Brown	Woodstock	Maryland Maryland			
LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, ctc. It mean injury or complication which es ANTECEDENT CAUSI DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAST UNDERLYING CONDITION LAST TRIBUTING TO THE DEATH, BUT NO THE DISFASE OR CONDITION TO THE DISFASE OR CONDITION LAST CONDITION LAST CONDITION CONDITION TO THE DISFASE OR CONDITION TO THE DISFASE OR CONDITION	aused death.) ES ANY, GIVING STATING THE OUE TO (C) FIONS CONNOT RELATEO	nio-sclero Bertensios	<i>u</i> ,	Gradual			
19A. DATE OF OPERATION 19	B. MAJOR FINDINGS OF OPER.	ATION	1 1 1 1	20. AUTOPSY?			
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year)	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21b. PLACE OF INJURY (e.g., in or ly location) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?						
INJURY	m. WHILE AT NOT WHILE						
22. I hereby certify that I attendeceased aliveron, 2 12 23A. SIGNATURE 1 24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)	1957, and that death occur		he eauses and on t	3-14-52			
burial 3-15-52 DATE RECEIVED BY REGISTRAR'S LOCAL REGISTRAR HAR 1 5 1952 VS 150		Balt: 25 FUNERAL DIRECTOR ohn Chitchell	imore, Md	ADDRESS 100 Eutaw Place			

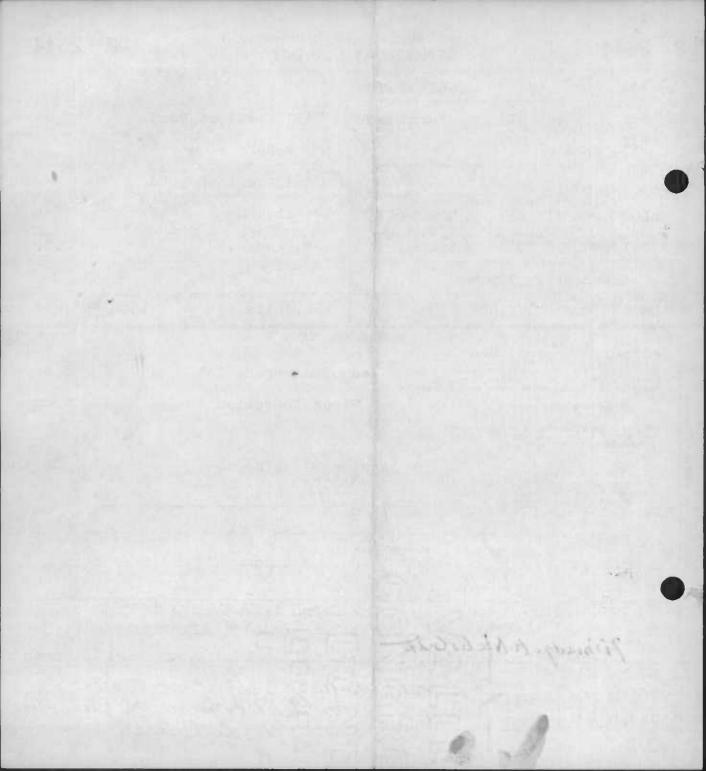


52 2544

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 2544

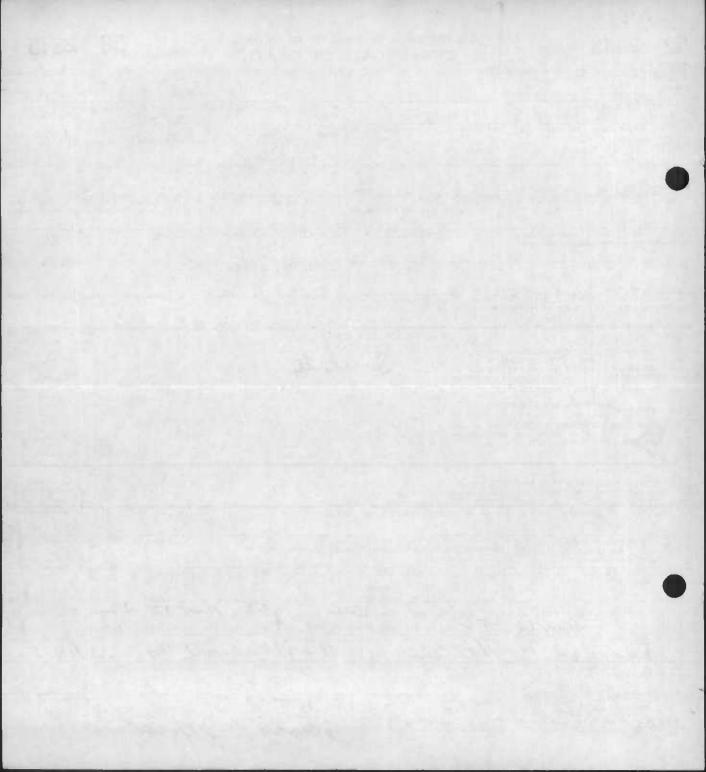
Jr.	RTH NO.	4		CERTIFICAT	E OF DEATH	Registered	No. 1-1111
1.	NAME OF C	PECEASED WAL	LACE E	OLTE KLARE		2. DATE OF DEATH	March 1952
A	Baltimore C	City, Maryland	515 Me	4. USUAL RESIDENCE (V	There deceased lived, I	f institution; residence before admission)	
HC	OSPITAL OR ISTITUTION	None		location		outside corporate lin	its very RURAL and give township)
	ngth of s	etay in Baltimore	Life	Yrs. Mos. Days	D. STREET ADDRESS OF		
5.	Male	6. COLOR OR RACE White	7. SINGLE WIDOW	E. MARRIED. F.D. DIVORCED (Specify, Harried	16 Feb.1884	9. AGE (In years last birthday)	li duder Year Under 24 flows Hours Min.
10 worl	done during must	CUPATION (Give kind of of work inclife, even if retired) SMAN		of BUSINESS OR INDUSTRY	Baltimore, M		12 CITIZEN OF WHAT COUNTRY
13	FATHER'S I	nton Henry	Klare	(h)	14. MOTHER'S MAIDEN N Mada Bol		
15 (Ye	, no or or whown)	ED EVER IN U. S. ARME (If yes, give wer or date	D FORCES?	16. SOCIAL SECURITY NO.	Mrs. Anita Kl	are 151	Bonesdford Ro
	18. 49	/ X .		CAUSE	OF DEATH		INTERVAL BETWEEN
	JUISEASE OR CONDITION DIRECTLY						
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO						
Z	ANTECEDENT CAUSES Virus Infection						7 days
ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.						
RTIFICA	Parkinson's Didease						
111	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
U				FINDINGS OF OPER	RATION		20. AUTOFSY?
EDICAL						3.0 1 23 341	YES NO
D	HOMICIDE	ENT. SUICIDE. (Specify)		ACE OF INJURY (e. g., farm, factory, street, office bldg.,		if in Baltimore City,	, give exact location)
M	O.S. TIME	None (Month) (Day) (Year	1 (Hours	none	None 21F. How DID INJUR	V OCCUP?	
	INJURY	(Month) (Day) (Tear		WHILE AT NOT WHILE		, 0000	
	22 I havel	hy postify that I at	m.		March ,1952to 1	3 March 169	5 That I last saw the
	deceased a	live on 12 Ma	ran 19	That death occu	rred at 6.30n. Aroll t	he causes and on	the date stated above
	23A. SIGNA				23B. ADDRESS		23c. DATE SIGNED
	4A. BURIAL.		Mark (Colored	24c. NAME OF CEMETE	4711 Roland	AVE.	n, or county 1 950 tate)
	ON REMOVAL		- 5-7	1	+ B	11.	M.1 1952
D	ATE RECEIVE OCAL REGIST	ED BY REGISTRAR	S SIGNATI	Greenm Higher MP	25. FUNERAL DIRECTOR John O. Mitchell + S	Termore,	ADDRESS Place
	VS 150	1332 1. 10000		11600	mB	Mitchel	· C
N.				7706	godina .		



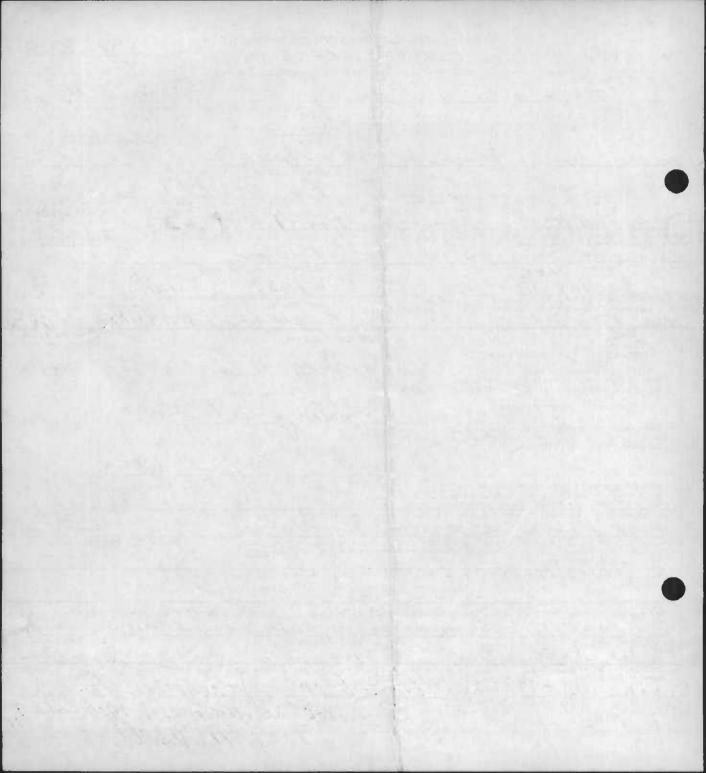
2 46 52 2545

CERTIFICATE OF DEATH Registered 12 2545

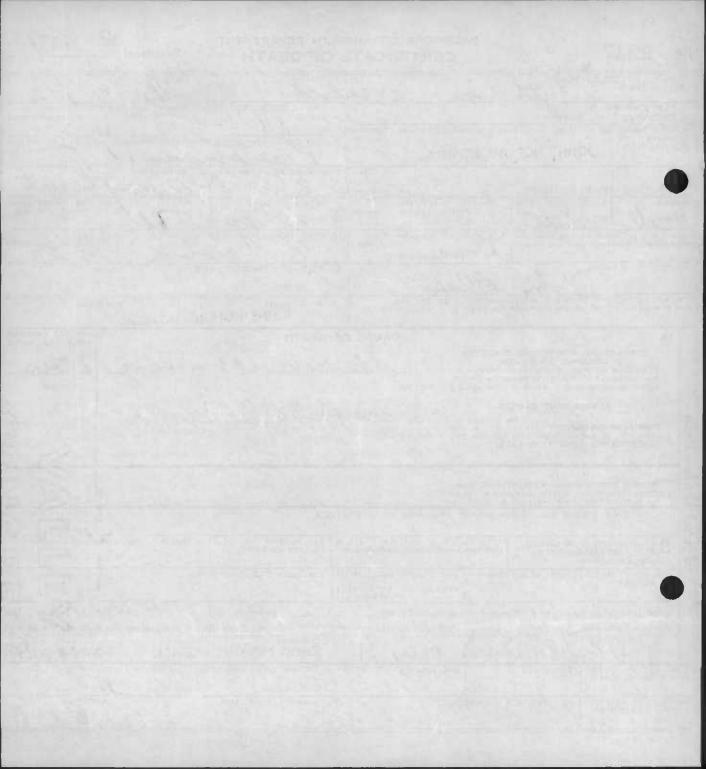
BIRTH NO.	- OI DEATH					
1. NAME OF DECEASED (Type or Print)	2. DATE					
Hannah Mc Cleary	DEATH Narch. 13:19.2					
a. Baltimore City, Maryland Balto. Md.	4. USUAL RESIDENCE (Where deceased lived, If institution; residence a. STATE NO B. COUNTY before admission)					
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION NOR THAT Political Formula (If not in hospital or institution, give street address or location)						
INSTITUTION W. North Ave Balto Md	Balto Vd					
ength of stay in Baltimore Town	D. STREET ADDRESS (If rural, give location)					
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years II Under Year II Under 24 Hours Months Days Hours Min.					
Female White Widowed	Mor 25 1060 97 10 17					
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	TI. BIRTHPLACE State or foreign country) 12. CITTZEN OF WHAT COUNTRY?					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME CO U.S.					
THE TANK	14. MOTHER'S MAIDEN NAME					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Mary Mc. Gurk Denr.					
(Yea, oo or unknown) (If yea, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS					
	I'r. Clearence Mc Cleany Dod Join					
18. 794X CAUSE	OF DEATH ONSET AND DEATH					
DISEASE OR CONDITION DIRECTLY						
(This does not mean the mode of dying, e.g.,	elete.					
heort failure, asthenia, etc. It means the disease,						
injury or complication which caused death.) DUE TO						
ANTECEDENT CAUSES						
O DISEASES OR CONDITIONS, IF ANY, GIVING						
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO						
UNDERLYING CONDITION LAST.						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)						
OTHER SIGNIFICANT CONDITIONS CON-						
TRIBUTING TO THE DEATH, BUT NOT RELATED						
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	MATION 20. AUTOPSY?					
138. DATE OF OPERATION 138. MAJOR FINDINGS OF OPER						
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in	nor 21C. WHERE DID (If in Baltimore City, give exact location)					
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e						
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?					
m. WHILE AT NOT WHILE AT WORK						
22. I hereby certify that I attended the deceased from	e ,1952, 10 Mar 13, 15 2, that I last saw the					
deceased alive on 13, 19 Vand that death occur	red at 5 Am., from the causes and on the date stated above.					
	38. ADDRESS 1847 W. Nort 62 23C. DATE SIGNED					
24A BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)					
TION, REMOVAL (Specify) 1952 I.C. Kenbree (
DATE RECEVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS David R. Martin 1902 Tutaw Place					
MAD 1 5 1953 Tuntingion Milliams, My.	And A Marian I lace					
VS 150	June // //www					



	200						
	0 95	40			ALTH DEPARTME	NT Registered	.52 2548
B,I	AFH NO.	40	C	ERTIFICATI	E OF DEATH	Registered	d Noz
	NAME OF D ype or Print)		lee ,	neklan		2. DATE OF DEATH /V)	ar. 14. 1952
	PLACE OF D Baltimore (EATH: lity, Maryland	DITTO .	- Luy	4. USUAL RESIDENCE	E (Where deceased lived,	If institution: residence before admission)
	FULL NAME	OF (If not in hospi	tal or institution	, give street address or location)	C. CITY OR TOWN	1 ann	1 Annandel
	STITUTION	6-160	ham	- and Made	CURRION	Paper	mits, write RURAL and give township)
17	201191	701 (1)	100176	Yrs.	D. STREET ADDRESS	(If rural, give location)	
c	-	tay in Baltimore		Mos. Days	PO. 60	1 247	5.200
5.	SEX	6. COLOR OR RACE		MARRIED, D, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min.
10	A USUAL OC	CUPATION (Give kind of working life, even if retired	1 108. KIND C	F BUSINESS OR	11. BIRTHPLACE (State	e of foreign country)	12 CITIZEN OF
	bouse	wite teared	1000	INDUSTRY	Virginia	,	WHAT COUNTRY?
13	FATHERS	NAME Lee			14. MOTHER'S MAIDE	N NAME	
15	. WAS DECEASE	D EVER IN U. S. ARME	D FORCES?	6. SOCIAL	91955	(Sarah)	
	ne cr unknown)		es of service)	SECURITY NO.	17. WFORMANT	Intim A Ma	ADDRESS Severna
	18. 160	0.1		CAUSE	OF DEATH	MUTINI II. II.	INTERVAL BETWEEN
	DISEAS	SE OR CONDITION		n		,	ONSET AND DEATH
		LEADING TO DEA not mean the mode ere, asthenia, etc. It me	of dying, e. g.,	(A)	CARDIAL	SASSACTI	10 14
		complication which		DUE TO		_	/
7		ANTECEDENT CAU	ISES	CAR	ONARU C	kle ROSis	
HOL	RISE TO T	S OR CONDITIONS,) STATING THE	(B)			
FICA	UNDERL	YING CONDITION L	AST,				
RTIF		11		(C)			
CER	TRIBUTING	GIGNIFICANT CONE TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATED	***************************************			
_	19A. DATE C	F OPERATION/	0	INDINGS OF OPER			20. AUTOPSY?
EDICA		NT. SUICIDE.	218 PLAC	E OF INJURY (e. g., is		(If in Baltimore City	y, give exact location)
MED	HOMICIDE	(Specify)	about home, farm	a, factory, street, office bldg., e	te.) INJURY OCCUR?		
2	21D. TIME INJURY	(Month) (Day) (Year		E. INJURY OCCURR	D 21F. HOW DID IN	JURY OCCUR?	
			m. W	ORK NOT WHILE			
	22. I hereb	y certify that I at	tended the de	eeeased from MA			52, that I last saw the
	23A. SIGNA		Z, 1936, an		38. ADDRESS	om the causes and on	the date stated above.
	71.7	1. Nostes	c 82.0	м. р.	espelie In m	men ofmd.	mar. 14-52
710	N. REMOVAL (S	CREMA- 248, DATE	24	C. NAME OF CEMETE	RY OR CREMATORY 2	4D. LOCATION (City, to	wn, or county) (State)
D	ATE RECEIVE	D BY REGISTRAR	S SIGNATURI	176. He	25. FUNERAL DIRECT	VINCHESLEY,	ADDRESA 4
LÇ	MART 5	932 Huntin	- 1 18×1	icous My?	Tohn O. Mitch es	Nasons,/ng:	1900 Eutaw
	VS 150	6			11/13	Melelle	L



. 1	1.57				
1	P	ALTIMORE CITY HE	EALTH DEPARTMENT	52	2547
52	2547	CERTIFICAT		Registered No.	
=	NAME OF DECEASED	1/1	A	12. DATE /	1 /
	Type or Print) (atheres	re Blu	ruch	OF DEATH OL. 14	195-2
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If infa B. COUNTY	titution: residence before admission)
В.		ution, give street address or location)		2	21
	JOHNS HOPKINS HO		C. CITY OF TOWN (If	outside corporate limits,	vrite RURAL and give
	ength of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (IF	Herring	Court
5		LE, MARIED, WED, DIVORCED (Specify)	8. DATE OF BIRTH		der I Year If Under 24 Hours hs: Days Hours Min.
Ale	mell white		4-29-80		
wor	DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	oleve	2. CITIZEN OF WHAT COUNTRY?
13	B. FATHER'S NAME	1	14. MOTHER'S MAIDEN NA	AME	77-50
_	John 190	arne.	Cly -		
(Xe	5. WAS DECEASE EVER IN U. S. ARMED FORCES? se, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT JOHNS HOP	ADD CINS HOSPITAL	RESS
	18. 204.0	CAUSE	OF DEATH	HOSITIAL	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTL	Y	, , , , ,	,	DNSET AND DEATH
	(This does not mean the mode of dying, e	E. (A) Sulfa	eracknowl he	MOTTERS	6 days
	heart failure, asthenia, etc. It means the disc injury or complication which caused dea	asc,		0	0
	ANTECEDENT CAUSES	Year	shile less	1	
ZO	DISEASES OR CONDITIONS, IF ANY, GIV	ING (B)	grade su	pence	
ATION	RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.				
FIC		(C)		***************************************	
RTIF	OTHER SIGNIFICANT CONDITIONS C	ON			
Ш	TRIBUTING TO THE DEATH, BUT NOT RELA TO THE DISEASE DR CONDITION CAUSING	TED			
O		R FINDINGS OF OPER	the second secon		20. AUTOPSY?
A					YES NO
IEDICA		LACE OF INJURY (e. g., i e, farm, factory, street, office bldg.,	n or 21c, WHERE DID (I otc.) INJURY OCCUR?	f in Baltimore City, give	exact location)
Σ	21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
	m.	WHILE AT NOT WHILE AT WORK			
	22. I hereby certify that I attended th	e deceased from 3 /	8 , 1953 to	3/14,1952	that I last saw the
	deceased alive on 3/14	and that death occur	rred atm., from t	he causes and on the	date stated above.
	23A. SIGNATURE	Estely M. D.	JOHNS HOPKINS		23c. DATE SIGNED
Z. TI	4A. BURIAU. CREMA- 24B. DATE ON, REMOVAL (Specify) Burea 3 - 18 70 2	24C. NAME OF CEMETE	Andrew 24D. L.	Batton (City, town, or	county) (State)
D	ATE RECEIVED BY REGISTRAR'S SIGNA	TURE	26. FUNERAL DIRECTOR	1	DDRESS
	MAR 1 5 1957 Huntington	thaus tipe o	Tolles + 300	In 403 A	Wolfest.
	VS 150		1/507		0
1			1 1 /		



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF Williams enry DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence Balto., Md. A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits write RURAI and give INSTITUTION Balto. Gen. Hospita timore Yrs. D. STREET ADDRESS (If rural, give location) Mos. ngth of stay in Baltimore 00 Days 5 SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) H Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. Male Married 10A. USUAL OCCUPATION (Givehind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF rork done during most of working life, aven if retired) INDUSTRY WHAT COUNTRY? Refinery Guard 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Hamilton Waterworth 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO INTERVAL BETWEEN CAUSE OF DEATH 18. 420.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) 11 OTHER SIGNIFICANT CONDITIONS CON-

TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19B. MAJOR FINDINGS OF OPERATION

19A. DATE OF OPERATION

20. AUTOPSY 21c. WHERE DID (If in Baltimore City, give exact location)

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21F. HOW DID INJURY OCCUR?

INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY

WHILE AT NOT WHILE

22. I hereby certify that I attended the deceased from M& 6, 29 19 52 to Mach 14, 1952 that I last saw the

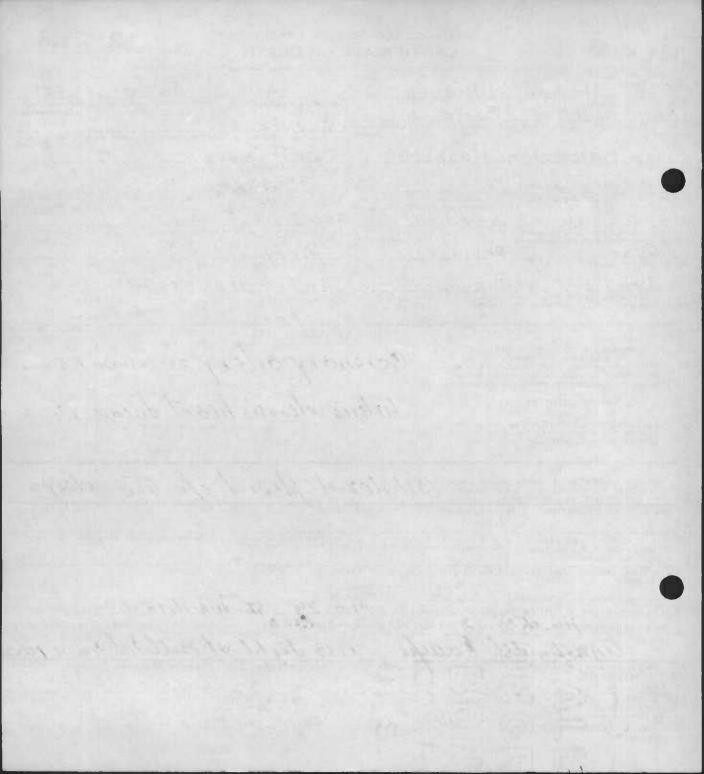
deceased alive on the class of 19 52 and that death occurred at & I am., from the causes and on the date stated above. 23A. SIGNATURE

24A. BURIAL, CRÉMA-24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24B. DATE TION, REMOVAL (Specify)

DATE RECEIVED BY PRECTOR REGISTRAR'S SIGNATURE 25. FUNERAL ADDRESS

LOCAL REGISTRAR VS 150

DICA



BIRTH NO

1. NAME OF DECEASED

(Type or Print)

52 BALTIMORE CITY HEALTH DEPARTMENT Registered No ._ CERTIFICATE OF DEATH oseph mills 2. DATE OF 3-14

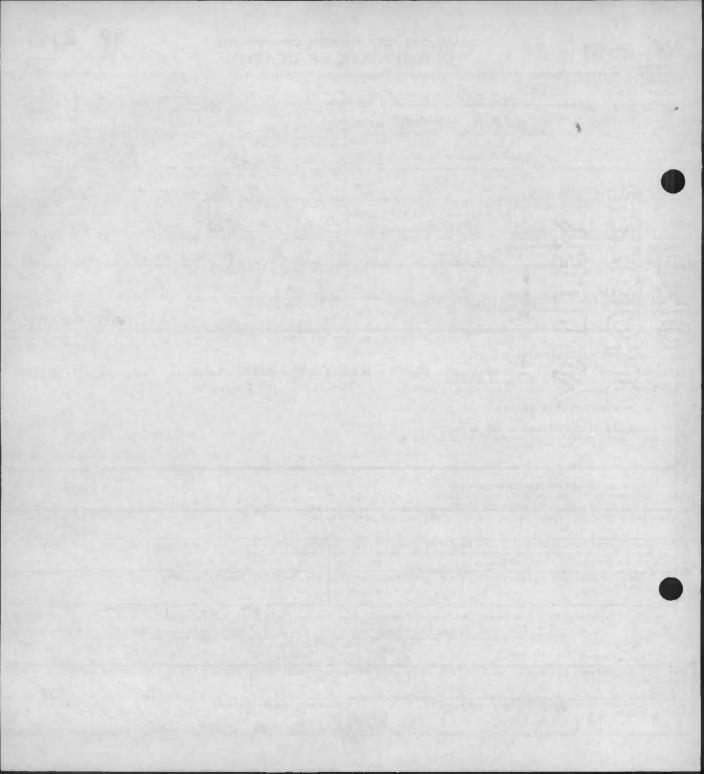
3. A.	Baltimore City, Maryland 310 A. I	Carroclim	4. USUAL RESIDENCE (Where deceased lived. If in B. COUNTY	before admission)
H	FULL NAME OF (If not in hospital or instituti OSPITAL OR ISTITUTION	on, give street address or location)	c. CITY OR TOWN (If outside corporate limits)	write RURAL and give
Ä		-	Balto. 18	-O Cownship
		Yrs.	D. STREET ADDRESS (If rural, give location)	
C.	Length of stay in Baltimore	Mos. Days	310 n. Carroceta	~ avi
5.		MARRIED.	8. DATE OF BIRTH 9. AGE (In years) if b	
7	nole Colored In	ED, DIVORCED (Specify)	h 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ths Days Hours Min.
	A. USUAL OCCUPATION (Give kind of 10B. KIND	OF BUSINESS OR		2. CITIZEN OF
ror	done during most of working life, oven if retired)	INDUSTRY	10-0- x 2 20-d	WHAT COUNTRY
13	FATHER'S NAME	dure	14. MOTHER'S MAIDEN NAME	us.a.
	0	1 7 2 1 2 X	1	
1.0	unpi		Luc Green	
(Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	DRESS
			Clemens a mills	Carrollie
	18. 442X	CAUSE	OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY			ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying, e. g	hypu	RTLIVSIVE CARULO-	5-421
	heart failure, asthenia, etc. It means the discas- injury or complication which caused death	DUE TO J	RTLIVSIVE CARDIO-	
		., 502.10 4 .		
	ANTECEDENT CAUSES			
ő	DISEASES OR CONDITIONS, IF ANY, GIVIN			***
Ē	RISE TO THE ABOVE CAUSE (A) STATING THU UNDERLYING CONDITION LAST.	E DUE TO		
CA		(C)		
L	П			
2	OTHER SIGNIFICANT CONDITIONS CON			
Ш	TRIBUTING TO THE DEATH, BUT NOT RELATE TO THE DISEASE OR CONDITION CAUSING IT	cinter	10-50/020815,	
,		FINDINGS OF OPER	RATION	20. AUTOPSYT
A				YES NO
21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21b. PLACE OF INJURY (e.g., in or LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., etc.) INJURY OCCUR?				ve exact location)
-	D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F, HOW DID INJURY OCCUR?	
	m.	WHILE AT NOT WHILE		
	22. Khereby certify that I attended the	Λ	CLIV 1947 to MAR 14 1957	that I last sam the

3-13, 1952, and that death occurred at 1.15 Pm., from the causes and on the date stated above. Accedsed alive on_

DITADDRESS RJA. SUGNATURE

3-15-57 MADISON, M. 24C. NAME OF CEMETERY OR CREMATORY 248. DATE 24D. LOCATION (City, town, or county)

24A. BURIAL, CREMA-TION REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERA DIRECTOR! MAR 15 1952

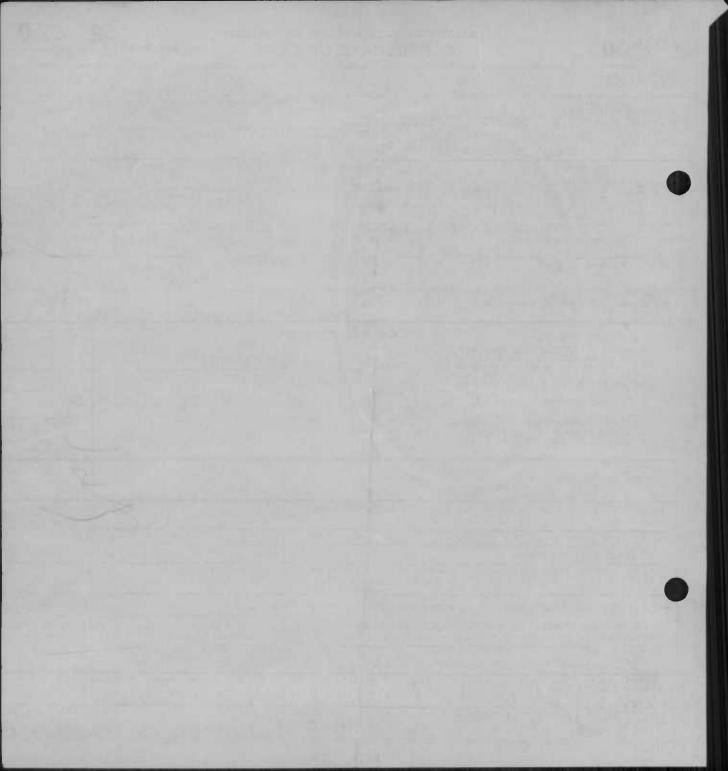


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2	9550
BIRTH	NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	52	2550	
rictored	No	6300	

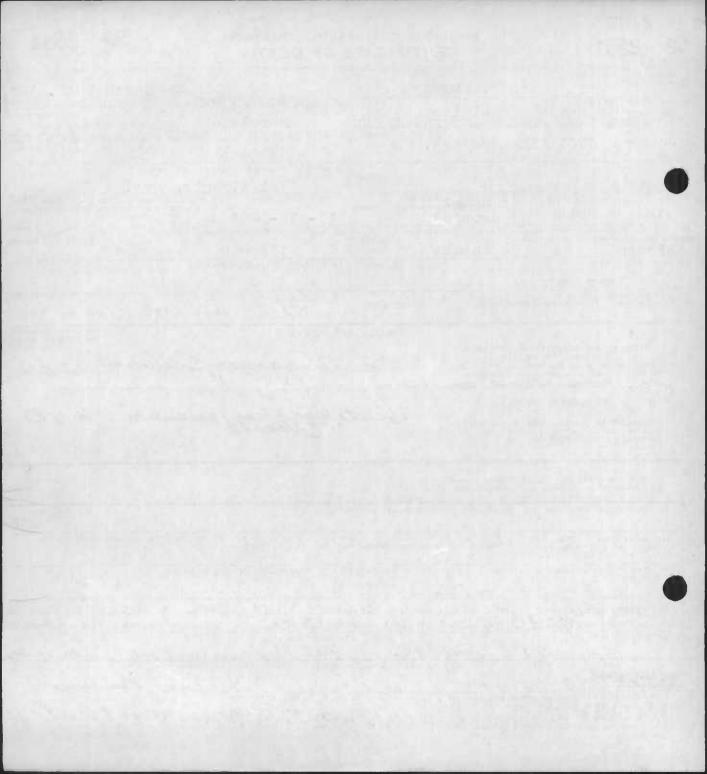
1)6	RTH NO. CERTIFICAT	E OF DEATH REgistered NO.
	NAME OF DECEASED	12. DATE
	ype or Print) MARY C. WHORLFY	OF
3	PLACE OF DEATH:	DEATH Morch 13, 1050
	Baltimore City, Maryland	A. STATE B. COUNTY before admission)
	FULL NAME OF (If not in hospital or institution, give street address	
	OSPITAL OR location	C. CITY OR TOWN (If outside corporate hmiles write WIRL and give township)
	University Hospital	Baltimore
	Yrs.	
	ength of stay in Baltimore Days	
3	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (in years) If Under 1 Year Il Under 24 Hours
	female colored Widoweb, Divorced (Specif	y) May G 16 00 Sast birthday) Months Days Hours Min.
1		11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
	A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR k don't during most of working life, even if retired) INDUSTR	
	Mala Hospital	1321To. 199. 1 W.S.a.
1:	B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		EdNA Whanpy
1	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS (0) (1)
(Y	s. po, or unknown) (If yes, give war or dates of service) SECURITY NO.	10 1. 51
	140	Pauline Voles Sarah MANE
l '	18. 490% CAUSE	OF DEATH
	DISEASE OR CONDITION DIRECTLY	THE PERIOD
	(This does not mean the mode of dying, e.g.,	pneumonia
	heart failure, asthenia, etc. It means the disease,	
	injury or complication which caused death.) DUE TO	
	ANTECEDENT CAUSES	
7	(B)	
ō	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
E	UNDERLYING CONDITION LAST.	
Ü	(0)	
IL	II CONDITIONS CON	
ERTIFICATION	OTHER SIGNIFICANT CONDITIONS CON-	tly delivered pregnancy
	TO THE OTSERSE ON CONDITION CAUSING THE	
U	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY?
AL		YES A NO L
U	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. 21B. PLACE OF INJURY (e.g. about home, farm, factory, street, office bidg	
EDI	UTING CAUSE OF DEATH.	
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR	RED 21F. HOW DID INJURY OCCUR?
Z	OF INJURY WHILE AT NOT WHIL	
L	m. work L AT WORK	
	22. I certify that I took charge of the remains described	above, held an thereon and from Autopsy, Inspection or Inquiry
1	the evidence obtained by said Autopsy, Inspection or	Inquiry, find that said deceased died on the day stated above,
	and death in my opinion resulted from: natural caus	es [], accident [], suicide [], homicide [], undetermined [].
	23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED
	Manley &. Deulacher	M.D. MEDICAL INVESTIGATOR Treh 14, 125.
2	4A. BURIAL. CREMA-1/24B. DATE 24G. NAME OF CEMET	
(3)	on, REMOVAL (Specify) May 17, 1969 4/17 and	n (Um Trustalary IIIA)
1	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS 2 2 2 1
	DCAL REGISTRAR 1 4: 1- 11/11 11	25. FUNERAL DIRECTOR ADDRESS 322 No. 5 Julius R. Williams Schroder &
	MAR 151953 Tuntington V tracks, My	16 5 Malien, Williams servoider of
V	S 151 9 760	85
	140	



16	00	
52	2551	
BIRTH	NO.	

BALTIMORE CITY HEALTH DEPARTMENT

52 2551 BIRTH NO.	CERTIFICAT	E OF DEATH	Registered No. 2001.
1. NAME OF DECEASED (Type or Print) Gler	P. Murray		DATE OF DEATH March 14th. 195
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospit HOSPITAL OR INSTITUTION 4737 AT he		4. USUAL RESIDENCE (Where A STATE Naryland	e deceased lived, If institution : residence B. COUNTY before admission ide corporate limits, write LULA L and give
4701 Allia	Yrs.	Paltimore D. STREET ADDRESS (If rural	township township
ngth of stay in Baltimore	Mos. Days	4731 Alhamb	ora Ave.
Male White	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9.	AGE (In years if Under I Year last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even If retired) Saleman	108. KIND OF BUSINESS OR INDUSTRY Heacht	11. BIRTHPLACE (State or foreign	n country) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Elmer Murray	Dert Ince	14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMEI (Yes, no or unknown) (If yes, give wer or date	FORCES? 16, SOCIAL SECURITY NO.	17. INFORMANT Nrs Ouida Murray	ADDRESS 4731 Alhambra Ave.
(This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which of the complication which of the complication which of the complication which of the complication with the complete comp	F ANY, GIVING STATING THE DUE TO ST. (C)	te Coronay oc	Occlusion 12 krs.
19A. DATE OF OPERATION 1	98. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year)	21B. PLACE OF INJURY (e.g., in about home, ferm, factory, street, office bldg., e (Hour) 21E. INJURY OCCURRI WHILE AT NOT WHILE AT WORK	ED 21F. HOW DID INJURY OC	Baltimore City, give exact location)
deceased alive on MARKI	ended the deceased from FL 3, 1952 and that death occur	red at. 7. 30 A.m., from the co	auses and on the date stated above
24A. BURIAL CREMM 24B. PATE TION PHOVAL SWEET 3 - 15	2 NAME OF CEMETE	RY OR CREMATORY 24D. LOCAL	TION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR HUNTE	s signature.	25. FUNERAL DIRECTOR	N 3000 E. Balto, Sa
VS 150	4900	C	

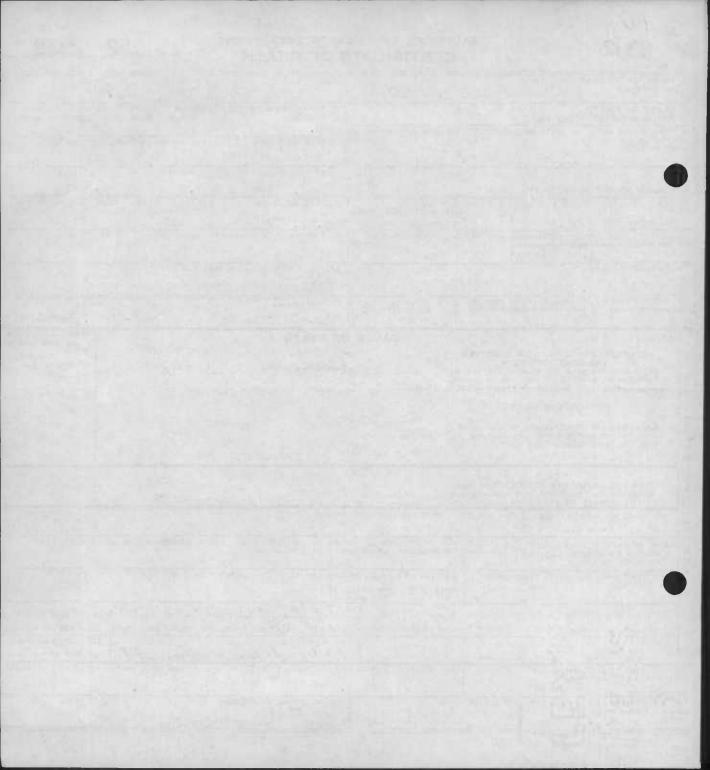


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 2552

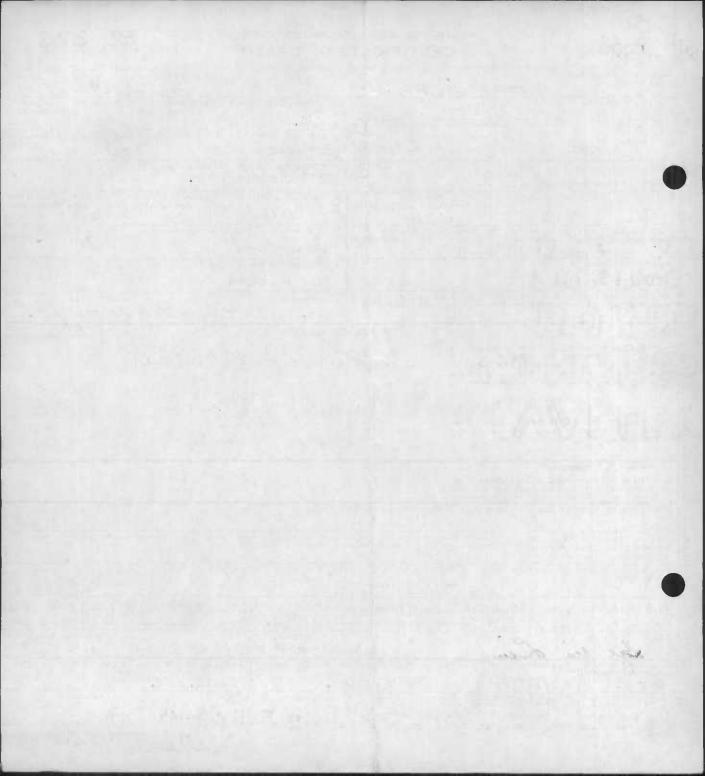
-							
	NAME OF E		MILDRED	I. JACOB		2. DATE OF DEATH MA	r. 13, 1952
	Baltimore	City, Maryland			A. STATE	(Where deceased lived, I B. COUNTY	f institution: residence before admission)
	FULL NAME	OF (If not in hospit	al or institut	ion, give street address or location)			0/0
	STITUTION	0/0 0		location)	C. CITY OR TOWN	(If outside corporate lim	its, write and give township)
D)		26 S. Bernic	ce Ave.		Baltimore	for	
c.	Length of s	stay in Baltimore		Yrs. Mos. Days	26 S. Bernice		
5.	SEX	6. COLOR OR RACE	7. SINGL	E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (ln years last birthday) N	If Under 1 Year It Under 24 Hours Ionths; Days Hours Min.
	female	white		vorced	Mar. 7, 1923	29	
10	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KINI	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY
		ection Clerk		Order	Maryland		WHAT COUNTRY
13	. FATHER'S			IN.	14. MOTHER'S MAIDEN	N NAME	
	Willia	m L. Steigerw	rald		Catherine Har	rtman	
15 (Va	. WAS DECEAS	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
	none	(s. 300) Baro was or date	a or sorvice,	215-18-5315	Mrs. Catherine	Steigerwald-	26 S. BerniceA
	18. 171	X		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEA	SE OR CONDITION	DIRECTLY		0	1	ONSET AND DEATH
		LEADING TO DEA's not mean the mode of	TH		incenoma 3	Cernix	1 year
	heart failt	are, asthenia, etc. It mea	ns the diseas	se,	0	√. *	
	2013 011	ANTECEDENT CAUS		2, 552 15			
z				(B)	•••••	*****	
9		S OR CONDITIONS, I					
A	UNDERL	YING CONDITION LA	NST.	(C)			
FIC							
RTI	OTHER	II SIGNIFICANT CONDI	TIONS CO	N			
L	TRIBUTIN	G TO THE DEATH, BUT	NOT RELAT	ED have			
O		OF OPERATION 1		FINDINGS OF OPER	RATION		20. AUTOPSY?
AL		none					YES NO
DICA		DENT WAS UNDER-		ACE OF INJURY (e.g.,		(If in Baltimore City,	, give exact location)
L	CAUSE OF	R CONTRIBUTING DEATH	about nome,	farm, factory, street, office bldg.,	INJURY OCCURY		
Σ	10. TIME	(Month) (Day) (Year)	(Hour)	21E, INJURY OCCURR	ED 21F. HOW DID INJ	URY OCCUR?	
	FINJURY		m.	WHILE AT WORK			
	22 I herel	as contifes that I at			23 195/10	2-/3 19-	52 that I last sam the
deceased alive on 2-/3, 1952, and that death occurred at 5:10 Pm., from the causes and on the date stated							
	23A. SIGNA		7 10		3B. ADDRESS	no one canada ana on	23c. DATE SIGNED
	4	Can leske	Sandan .	м, о.	1201 Forla	& Annes	3-14-52
2	24A. BURML, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)						
111	Burial	3/17/52		Cedar Hill Ce	. A.	. A. Co., Md.	
	ATE RECEIVE		S SIGNATI		25. PUNERAL DIRECT		ADDRESS
L	CAL REGIST	1932 that	inton	Way . 0 , 4	2/2m	ckner Vo	fors.
=	VS 150	· Janes	1	TELLECTION, A	1		0001
111				34061		12 atto 1	7 11110.



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ľ	52 2553	
	BIRTH NO.	
	1. NAME OF DECE	

CERTIFICATE OF DEATH Registered No. 2553 BALTIMORE CITY HEALTH DEPARTMENT

BI	RTH NO.								
(T	NAME OF DEC 'ype or Print)	Mon	mas C	·LEAGUE			2. DATE OF DEATH	.14.5	2
A.	PLACE OF DEA Baltimore Cit	y, Maryland	Balt	nove	4. USUAL RESIDE	ENCE (Whe	re deceased lived. B. COUNTY		: residence ore admission)
H	FULL NAME OF OSPITAL OR ISTITUTION	(If not in hospit		on, give street address or location) Al Hospital	c. city or town Baltimore	(If ou	tside corporatedia	miss, write lyt	RAI and give bwnship)
	angth of star	y in Baltimore		Yrs. Mos. Days	2502 Chels				
		COLOR OR RACE	WIDOW	MARRIED. ED, DIVORCED (Specify) Widowed	Feb 5, 1876		O. AGE (In years last birthday)	li Under I Year Months Days	H Under 24 Hours Hours Min.
Worl	done during most of w		108. KIND	OF BUSINESS OR INDUSTRY	Baltime		ign eountry)	12. CITIZ WHA	EN OF T COUNTRY?
13	FATHER'S NA	ME			14. MOTHER'S MA	IDEN NAM	E		
	Thomas I				Violet Lem	mon			
(Ye	6. WAS DECEASEO	EVER IN U. S. ARMED (If you, give war or date	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. H. P.	Wright	t - 2502 C	ADDRESS	Terr.
FICATION	HISE TO THE ABOVE COMPLETION I AST								
CERTIFICA	TRIBUTING T	NIFICANT CONDI O THE OEATH, BUT ASE OR CONDITION	NOT RELATED						
٦	19A. DATE OF	OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION				AUTOPSY?
EDICAL		T WAS UNDER-	218. PLA	CE OF INJURY (e. g., i	n or 21C. WHERE D	OID (If	in Baltimore Cit	y, give exact	
ME	CAUSE OF DE						# 115		
r	FINJURY	onth) (Day) (Year)	w	HILE AT NOT WHILE	ED 21F. HOW DID	N YRULNI (OCCUR?		
h				WORK AT WORK	3 /9 105	-1.	2 14 10		, , , ,
deceased alive on 3./4., 19.52, and that death occurred at 4.52 a.m., from the cause					3.17. , 19				
	23A SIGNATU		-, 10-4-4 0	2	8B. ADDRESS /		10		ATE SIGNED
	xre.	- Mu Li	Lee	M. D.	leary land ger			3.14	.59
710	AA. BURIAL CRI CN. REMOVAL (Spe- Burial	3/17/5	2	4c. NAME OF CEMETE Western C		Balto		wn, or county) (State)
	MAR 1 5 10		S SIGNATU		25 FUNERAL DIR	1	mer 4.	ADDRES	is
	VS 150		0			120	10tx 17	ma	

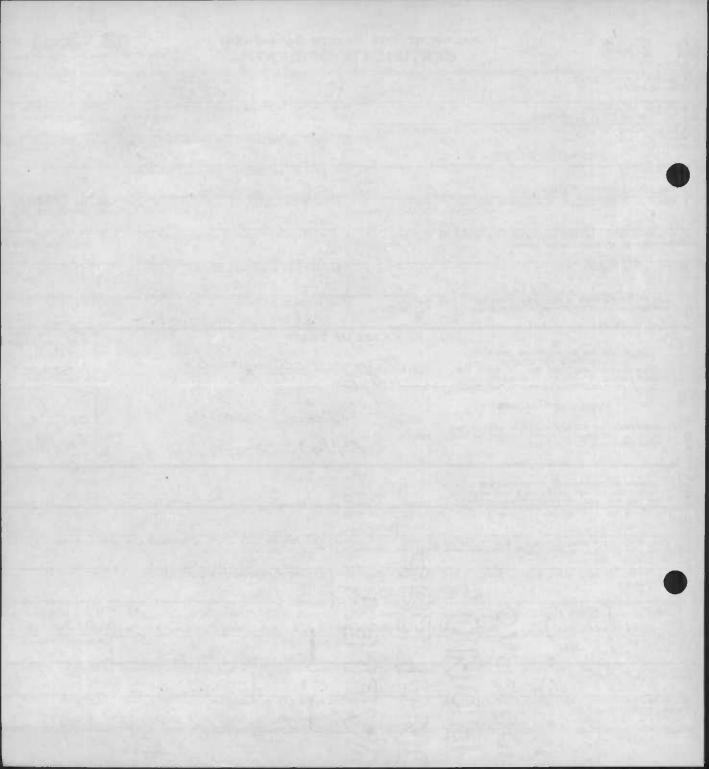


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

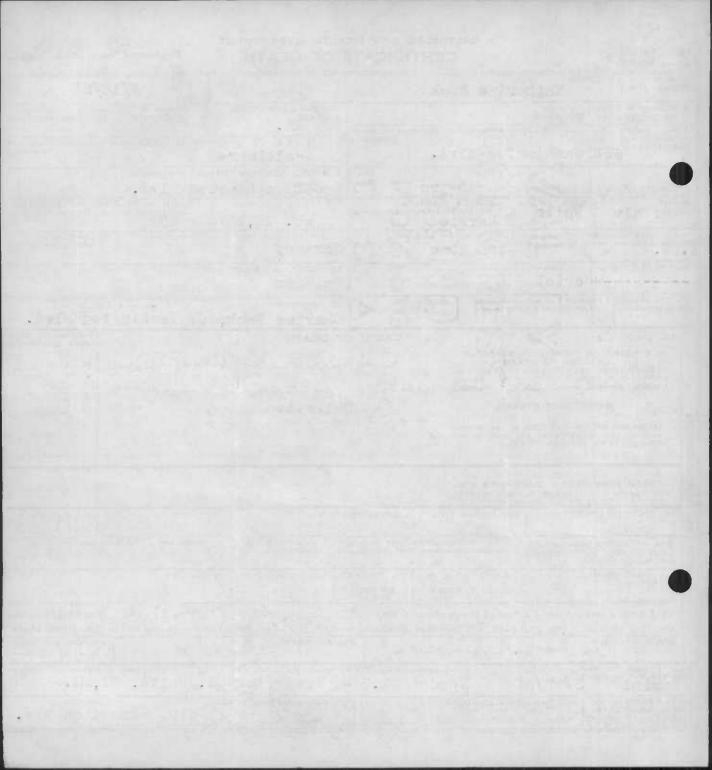
Registered No. 2554

BIRTH NO.						
1. NAME OF DECEASED (Type or Print) VIRGINIA WILLIS AMES					2. DATE OF DEATH Mar	. 14, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE A. STATE	(Where deceased lived, I	if institution: residence before admission)
B. FULL NAN			ion, give street address or	Md.		
HOSPITAL C	TOTHIEDEM			C. CITY OR TOWN (If outside corporate Amits, weil RERAL, and give township)		
2601 Roslyn Ave.				Baltimore		
Yrs.				D. STREET ADDRESS (If rural, give location)		
c. Length of stay in Baltimore Mos. Days				1501 Penhurst Ave.		
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED.		8. DATE OF BIRTH 9. AGE (In years H Under I Year I bunder 24 Rooms I last birthday) Months: Days Hours Min.		
female white		WIDOWED, DIVORCED (Specify)		10 10 1872	1ast birthday) A	ionths: Days Hours Min.
10A. USUAL OCCUPATION (Give kind of		108. KIND OF BUSINESS OR		lay 12, 1873	r foreign country)	1 12. CITIZEN OF
work done during n	cost of working life, even if retired)	INDUSTRY			,	WHAT COUNTRY?
	cowife	at home		Maryland	11114	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME		
	. Custis Willi			Virginia Foreman		
(Yes, no or unkno	ASED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no	(11,000,000,000,000,000,000,000,000,000,		SECORITI NO.	Mr. Edward J.	Ames, Jr	908 E. Joppa Rd
18. 14 "	2 4 1		CALISE	OF DEATH		INTERVAL BETWEEN
70	SASE OR CONDITION	DIRECTIV)	J. DLAIII		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not make of duing a g						
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,						
ANTECEDENT CAUSES (B) Carman Declarion ANTECEDENT CAUSES						
						12/1
						· cors.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO						
UNDERLYING CONDITION LAST. (C) Calculoscleurs, . 4x						
(c)						
11						
OTHER SIGNIFICANT CONDITIONS CON-						
TO THE DISEASE OR CONDITION CAUSING IT.						
						20. AUTOPSY?
YES YES						
YES NO LA ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., etc.) 218. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., etc.) INJURY OCCUR?						
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?						
INJURY WHILE AT NOT WHILE TO. WORK AT WORK						
22. I hereby certify that I attended the deceased from Ell. 13 , 1952, toto Men. 14 , 1957, that						
deceased alive on Mar. Iv, 195v. and that death occurred at 5:30 A.m., from the causes and on the date						
						23c. DATE SIGNED
23A. B.	NATA QUE ST	120	-		Bld.	3/15/53 -
244 BURIAN	CREMA- 24B DATE	//, 0	M. D. // 24c. NAME OF CEMETE	EXCLATEN CLICK	LOCATION (City, tow	n, or county) (State)
24A. BURIAN						11,0000001114)
Bur	1 -1 -1 -		Green Mount		lto., Md.	
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. TINERAL DIRECTOR ADDRESS						
MART	1 M 1 M Marie Marie	Istoin 1	Tillianus MI	allow. A.	Johner V	+ Somo
VS 150		0		10 0 /	Q AL	17 MIN
				V	Nach	II . w.



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 2555

B	RTH NO.			CERTIFICATI	E OF DEATH		
1. NAME OF DECEASED (Type or Print) Katherine Bock				ock		2. DATE OF DEATH	13/52
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or			A. USUAL RESIDENCE (Where deceased lived, If institution : residence B. COUNTY before admission				
H	FULL NAME OF OSPITAL OR ISTITUTION 662	Washing		location)	c. CITY OR TOWN (If	L	its write RURAL and give township)
C.	Length of stay in	n Baltimore	55	yrs Yrs. Mos. Days	662 Washing		
	Female	White	Marr	E. MARRIED. /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year If Under 24 Hours In the Index Min.
1C	A. USUAL OCCUPA k done during most of worki	TION (Give kind of ng life, even if retired)	Own H	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Germany	reign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	ertel			14. MOTHER'S MAIDEN NA Unknown	AME	-enin
15 (Ye	. WAS DECEASED EVE	R IN U.S. ARMED	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Charles Bock,		address Blvd.
ERTIFICATION	(This does not repeated the composition of the comp	OVE CAUSE (A) CONDITION LA II FICANT CONDI HE DEATH, BUT	TH f dying, e. f ns the diseas aused death SES ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE	(C)	Previolentic N	i -	helmy
AL C	19A. DATE OF OP	ERATION 1		FINDINGS OF OPER	ATION		20. AUTOPSY?
1EDICA	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING Obout home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21b. PLACE OF INJURY (e. g., in or ebout home, farm, factory, street, office bldg., etc.) INJURY OCCUR?						give exact location)
2	1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT NOT WHILE AT WORK						
	22. I hereby cer deceased alive o 23a. SIGNATURE			and that death occur	, 10, 10		that I last saw the the datc stated above. 23C. DATE SIGNED 3-14-82
Z/ TI	4A. BURIAL CREMA ON REMOVAL (Specify Burial	3/17/52		oudon Pk.38		d. Balto.	
	MAR 1 5 1957	REGISTRAR	s signatu	Illiantes Light	75 FUNERAL DIRECTOR	4101 Edn	ADDRESS nondson Ave.
	VS 150	- 6	/		1		

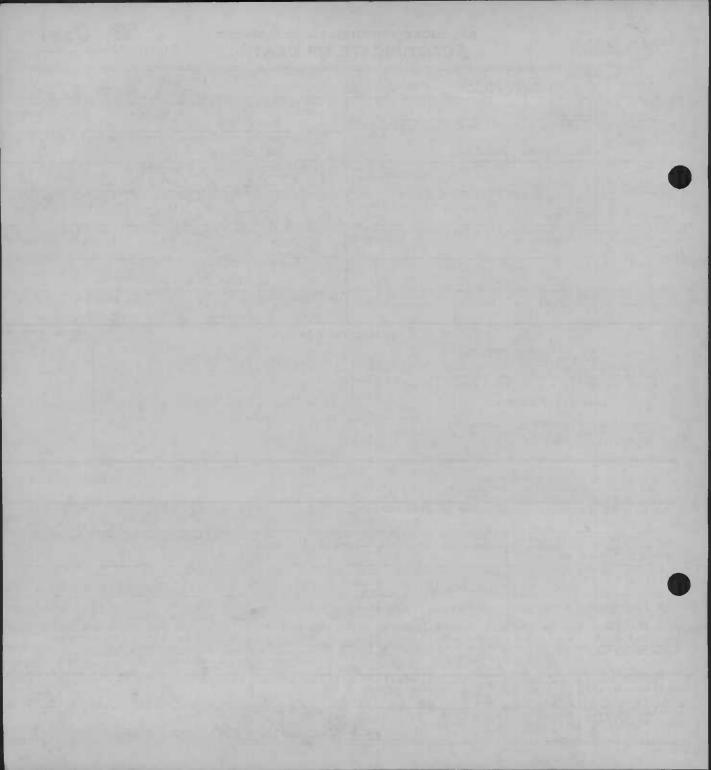


29/17	
(Joseph)	
BIRTH NO.	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 2556 Registered No.

BIRTH NO.	E OF DEATH
1. NAME OF DECEASED (Type or Print) CONCETTO Cony LIM	A 2. DATE OF March 12, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
St. Agnes Hospital	Baltimore LO township)
Length of stay in Baltimore 48 year Mos. Days	D. STREET ADDRESS (If rural, give location) 2687 Gaale Jr.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify Male White	8. DATE OF BIRTH 9. AGE (in years I Under 1 Year Months: Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work in producing most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER & MAIDEN NAME
Lina	Unknow
15 WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	MMIS X. Lima) 901 Janer and
18. F 9.00.6 CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
heart failure asthenia etc. It means the disease	cal vertebra
ANTECEDENT CAUSES	
_ (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(C)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) (C) (C) (C)	
TRIBUTING TO THE DEATH, BUT NOT RELATED	
U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY?
L 210 PLACE OF IN HIPV (a.e.	in or 21C. WHERE DID (If in Baltimore City, give exact location)
21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTIONS CAUSE OF DEATH. 21b. PLACE OF INJURY (e.g., about home, farm, factory, street, office bldg.	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE	RED 21F. HOW DID INJURY OCCUR?
METCH 12, 1952 0:00 P.m. WHILE AT NOT WHILL AT WORK	X Slippe and fell down cellar steps
22. I certify that I took charge of the remains described	above, held anthereon and from
and death in my opinion resulted from: natural cause	Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the day stated above, as \square , accident \square , suicide \square , homicide \square , undetermined \square .
	238. CHIEF MEDICAL EXAMINER
24A. BURIAL. CREMA. 24B. DATE 24C. NAME OF CEMET	ERY OR CREMATORY 240. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25/FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR Turturton	Farry H. Withte 4101 Edmondson
VS 151 N 805.0	1 O alie



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52 2557	,

BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	557	CE	RTIFICAT	E OF DEATH	Registere	ed No
1. NAME OF (Type or Prin		4 WEL	TZEL		2. DATE OF DEATH 3	-13-52
B. FULL NAM HOSPITAL C INSTITUTION	DEATH: e City, Maryland ME OF (If not in hospit N		ive street address or location)	BALTIMORE	Where deceased lived B. COUNTY If outside corporate l	before admission) imits write RURAL and give township)
	f stay in Baltimore	APPROX.	50 Mos. Days	3922 Wood	RIDGE RE	
5. SEX	6.COLOR OR RACE	7. SINGLE, MA WIDOWED, D	RRIED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min.
ork done during m	OCCUPATION (Give kind of took of working life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Balto. 1		12. CITIZEN OF WHAT COUNTRY?
13. FATHER		CN		14. MOTHER'S MAIDEN I		
15. WAS DECE	ASED EVER IN U. S. ARMET	FORCES? 16.	SOCIAL	Margaret We	lman	1000000
Yes, no or unkno	wn) (If yes, give war or date	e of service)	SECURITY NO.	CATHERINE B. I	Roch 210	OVERDRUN RD.
18. 4	2011		CAUSE	OF DEATH		ONSET AND OEATH
(This dinjury	EASE OR CONDITION LEADING TO DEAT loes not mean the mode of ailure, asthenia, etc. It mea or complication which of ANTECEDENT CAUS SES OR CONDITIONS, II DO THE ABOVE CAUSE (A) RLYING CONDITION LA	TH of dying, e.g., ns the disease, aused death.) SES F ANY, GIVING STATING THE	OUE TO	REMIA RTENSIVE- CARD LEFT HEART 3 WARY INSUPP	TRAIN ANS	Several years.
TRIBUT	II SIGNIFICANT CONDI ING TO THE CEATH, BUT DISEASE OR CONDITION	NOT RELATED CAUSING IT.				
19A. DATI	E OF OPERATION 1	98. MAJOR FIN	DINGS OF OPER	RATION		YES NO
LYING	OR CONTRIBUTING		OF INJURY (e. g., i ctory,alreet, office bldg.,		(If in Baltimore Cit	ty, give exact location)
21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK 22. I hereby certify that I attended the deceased from 3/3, 1952, to 3/3, that I last saw the deceased alive on 3/3, 1952, and that death occurred at 600 Pm., from the causes and on the date stated above. 23A. SIGNATURE 226. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK 1952, to 3/3, that I last saw the deceased alive on 3/3, 1952, and that death occurred at 600 Pm., from the causes and on the date stated above. 23B. ADDRESS 23C. DATE SIGNED						
23A. SIGN	S. a. DI	tttan	M. D.	Letterar 74	regrital	23c. DATE SIGNED 3/(3/52
24A. BURIAL TION, REMOVAL Burial	3/18/52	Ba Ba	Atimore]	National 550	location (City, to	own, or county) (State) ck Rd.Balto.
MAR1 VS 150	STRAR Huntin	s SIGNATURE	iaus, M.	any Herit	24101 Edm	ondson Ave.

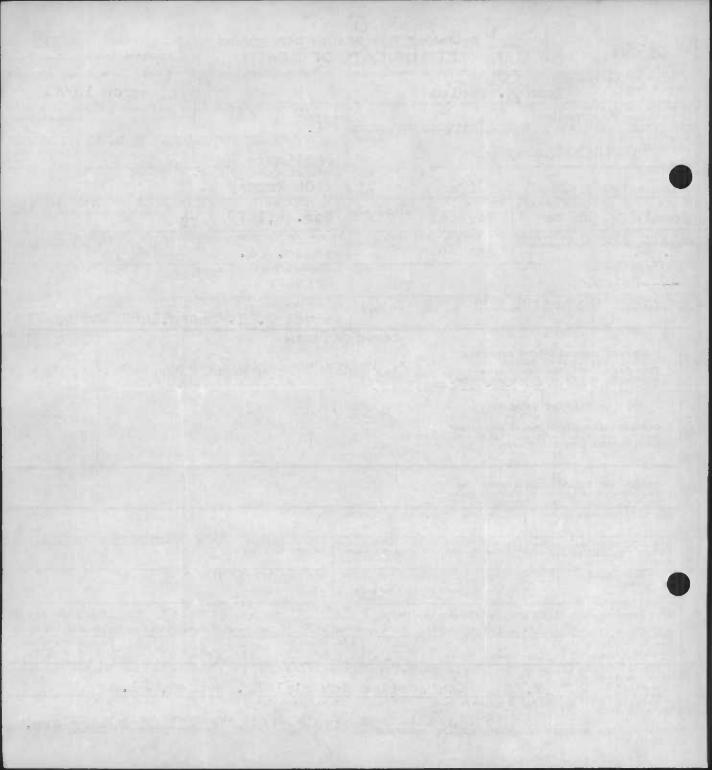
LABRARA WEITELL THE LEWIS CO. AND AND WHAT DESCRIPTION OF THE PARTY OF TH Assessables ... A CARAGRAPHE OF KARRY HIS OFFERENCE REIL I days = 44 HERESTERRICHE CARDINA MAN. DAME 10 CHARLES TRANSFERENCE AND

2558 RIBTH NO

BALTIMORE CITY HEALTH DEPARTMENT

52 2558 Registered No.

B	IRTH NO.			CERTII TOATI	- OI BEATH		
r)	NAME OF C	Emma I	I. Fan	tom		OF MAI	rch 13/52
Α.	3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or				4. USUAL RESIDENCE (VA. STATE	Where deceased lived. B. COUNTY	If institution: residence before admission)
H	OSPITAL OR	1508 Ramsay	19.21	location)		outside comparate dir	mits write RURAL and give township)
		tay in Baltimore	Lif	Lo Gy is	1508 Ramsay		
F	emale	White	Marr	E, MARRIED.	Nov. 9,1872	9. AGE (In years last birthday)	Months Days Hours Min.
1 C worl	A. USUAL OC	CUPATION (Give kind of of working life, even If retired)	12	OF BUSINESS OR INDUSTRY	Balto. Md.	oreign country)	12. CITIZEN OF WHAT COUNTRY
	FATHER'S	_			14. MOTHER'S MAIDEN N Unknown	AME	A CLUB SERVICE
15 (Yo	5. WAS DECEAS	ED EVER IN U.S. ARMED (If yes, give war or dated	FORCES?	16. SOCIAL SECURITY NO.	Samuel J. T.F	antom,1508	ADDRESS 8 Ramsay St
CERTIFICATION	(This does heart failu injury or DISEASE: RISE TO TUNDERLY	SE OR CONDITION LEADING TO DEAT I not mean the mode or re, asthenia, etc. It mea complication which or ANTECEDENT CAUS SOR CONDITIONS, II HE ABOVE CAUSE (A) YING CONDITION LA GIGNIFICANT CONDITION ISEASE OR CONDITION ISEASE OR CONDITION	F ANY, GIVIN STATING THE ST.	(B) ASC (B) ASC (C)		sivn	DISET AND DEATH
_	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION						20. AUTOPSY?
MEDICA	CAUSE OF		about home,	CE OF INJURY (e. g., in arm,factory,street, office bldg., e	te.) INJURY OCCUR?		, give exact location)
	F INJURY	(Month) (Day) (Year)		21E. INJURY OCCURRI		/ OCCUR1	
TI(22. I hereb deccased a. 23a. SIGNA AA. BURIAL, ON, REMOVAL (S BURIAL) ATE RECEIVE DCAL REGIST	CREMA- 24B. DATE (pecify) D BY REGISTRAP	2 S SIGNATU	deceased from and that death occur M.D. 24C. NAME OF CEMETE 1886 188	red at 2 A. m., from to 38. ADDRESS 206 S. Gilmo RY DR CREMATORY 24D. L. LEMOTIAL BK. D. 28. FUNERAL DIRECTOR	he causes and on St. OCATION (City, tow OCSEY, Md	23c. DATE SIGNED 3, 14, 52 vn, or county) (State)
	VS 150		1		1		

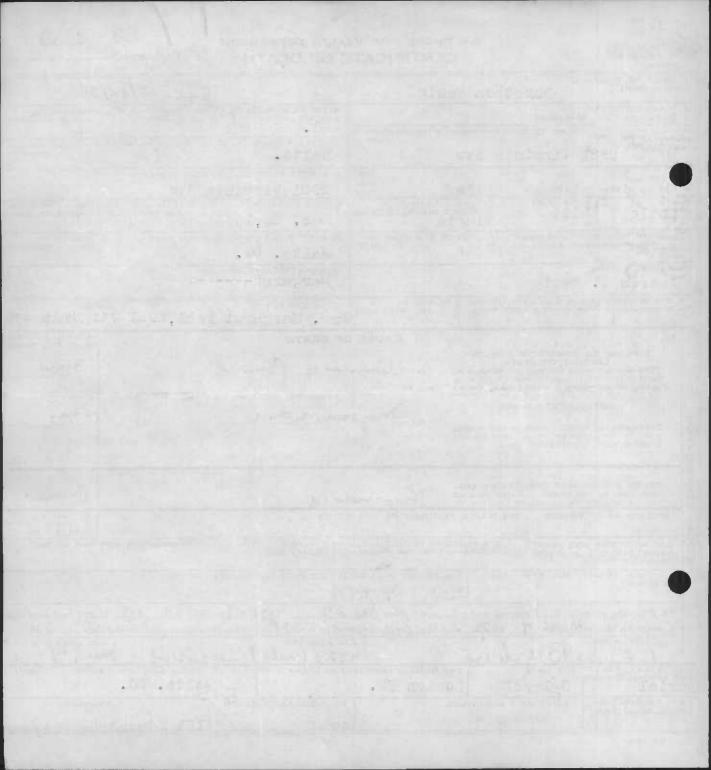


2	-0
9	2559
BIRTH	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52. 2559 Registered No.

BIRTH NO.	CERTIFICATI	L OF DEATH	CG 110	
1. NAME OF DECEASED (Type or Print) Dorothea Essig 2. DATE OF DEATH 3/12/52				
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital	or institution, give street address or	4. USUAL RESIDENCE (Where deceased live A. STATE B. COUNT	ed. If institution: residence Y before admission)	
HOSPITAL OR INSTITUTION 2921 Virgini	location)		lindits, write R. RAL and give township)	
c. Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location 2921 Virginia Ave	n)	
	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 9. AGE (In year	rs If Under 1 Year If Under 24 Hours) Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	NONE INDUSTRY	Balto. M.	12. CITIZEN OF WHAT COUNTRY	
And rew W. Essig		14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U. S. ARMED F (Yes, no or unknown) (If yes, give war or dates or	forces? 16, SOCIAL SECURITY NO.	17. INFORMANT Mrs. Margaret Pahl, 292	ADDRESS 1 Virginia Ave	
DISEASE OR CONDITION DI LEADING TO DEATH (This does not mean the mode of heart failure, asthenia, ctc. It means injury or complication which cau ANTECEDENT CAUSE: DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) S' UNDERLYING CONDITION LAST OTHER SIGNIFICANT CONDITI TRIBUTING TO THE DEATH, BUT NO	dying, e. g., the disease, used death.) S ANY, GIVING TATING THE CO CONS CON-	eng Swel	3 mu.	
TO THE DISEASE OR CONDITION OF 19A. DATE OF OPERATION 19E	AUSING IT.	AATION	20. AUTOPSY?	
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING ADOUT HOME, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING ADOUT HOME, farm, factory, street, office bldg., etc.)				
1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK AT WORK				
22. I hereby certify that I attended the deceased from Dec 27, 1951, to march 2, 1952 that I last saw the deceased alive on march 7, 1952, and that death occurred at 2.25 pm., from the causes and on the date stated above. 23A FIGNATURE 23B. ADDRESS 23C. DATE SIGNED 24A. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24D. LOCATION (City, town, or county) 25 FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR MAR 5 1952 MAR 5 1952 ADDRESS				
VS 150	0 - 1 - 6 - 1			

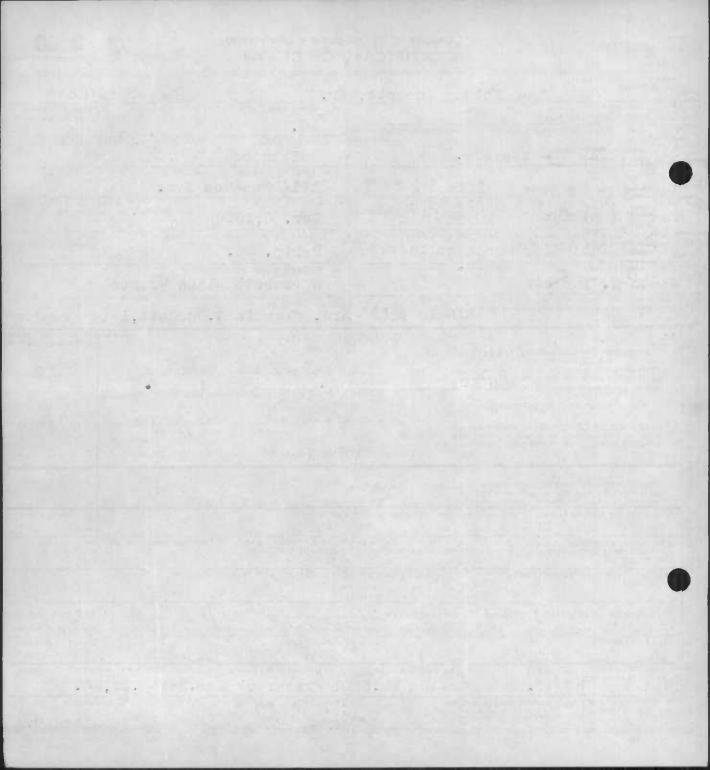


12	30
5	2560
BIRTH	NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

egistered No. 2560

BIRTH NO.						
1. NAME OF DECEASED (Type or Print) Rdgar Nelson Do	ckett. Sr.	1	OF DEATH 3/1	5/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL	RESIDENCE (Whe		nstitution; resid	dence mission)	
B. FULL NAME OF (If not in hospital or institution, give HOSPITAL OR				70		
INSTITUTION	location) c. CITY O		side corporate limite.	Write RORAL	and give	
1714 Swansea Ave.	Bal	timore	4		ownship)	
		ADDRESS (If rur	al, give location)			
c. Length of stay in Baltimore Life 23	Mos. Days 171	4 Swansea	Ave.			
5. SEX 6. COLOR OR RACE 7. SINGLE, MARR	IED. 8. DATE C		. AGE (In years		der 24 Hours	
Male White Married	DRCED (Specify)	. 8,1890	last birthday) Mon	ths Days Hou	rs Min.	
10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BU		PLACE (State or forei	gn country)	12. CITIZEN C) F	
work done during most of working life, even if retired Hochschil	- INDIASTRY	to. Md.		WHAT CO	UNTRY?	
13. FATHER'S NAME	220002	ER'S MAIDEN NAM				
James N. Duckett	ET 7	zabeth Ell	len Grimes			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC (Yes, no or unknown) (If yes, give war or dates of service) 15.	CURITY NO	MANT laudia S.I		DRESS 14 Swan	sea	
18. 422.1				C INTERVAL B		
	CAUSE OF DEAT	Н		ONSET AND	DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	2-t.	0	T	24		
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	1)	sekly	u.	000		
	TO TO	- vascul	as diese			
ANTECEDENT CAUSES						
(B) Cerela Thomas 3mm						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUI	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO					
UNDERLYING CONDITION LAST.						
ONDERLYING CONDITION LAST.	o, non	***************************************	***************************************			
OTHER SIGNIFICANT CONDITIONS CON-	none					
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
19A. DATE OF OPERATION 19B. MAJOR FINDIN	GS OF OPERATION			20. AUTO	PSY?	
I V				YES	NO 4	
LYING OR CONTRIBUTING about home, farm, factor	NJURY (e. g., in or , street, office hidg., etc.) 21C. W	HERE DID (If in	Baltimore City, gi	ve exact location	on)	
	URY OCCURRED 21F. H	OW DID INJURY O	CCUR?			
WHILE AT	NOT WHILE					
m. work L	AT WORK	45 7	-			
22. I hereby certify that I attended the decease	d from 3//	, 1950103/1	3 , 192 4	that I last s	aw the	
deceased alive on 3 /1 3/12, 19 and that	t death occurred at L.D.	m., from the	causes and on the	date stated	above.	
23A. SIGNATURE	23B. ADDRES	65		23c. DATE S	IGNED	
Asystem Ulller MK)	M.D. 48 30	Wilken	wan	3/15/80	1	
24a. BURIAT, CREMA- 24B. DATE 24C. NAI	ME OF CEMETERY OR CREM	ATORY 240. LOCA	ATION (City, town, o	r county)	(State)	
Burial 3/17/52 Loudo	n Pk.3801 Pre	derick Ave	Balto.29	Md.		
DATE RECEIVED BY REGISTRAR'S SIGNATURE		AL DIRECTOR		ADDRESS		
LOCAL REGISTRAR Thursday 14.	01/2 5	701,0-1	4707 83-	om d co	A	
MAR 1 5 1952	Marry	14. wing a	- TOT GI	ondson	-ve	
VS 150	9-11	0			~	

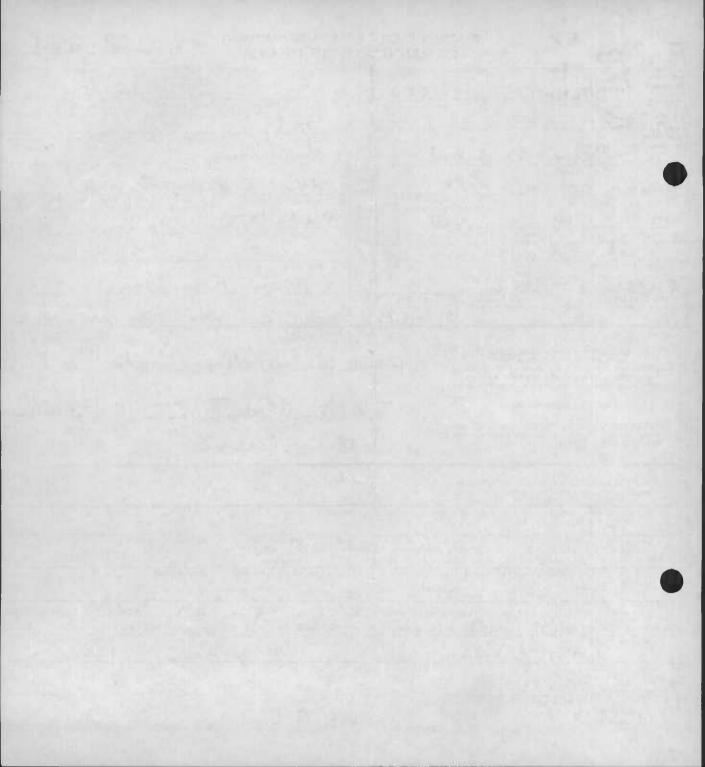


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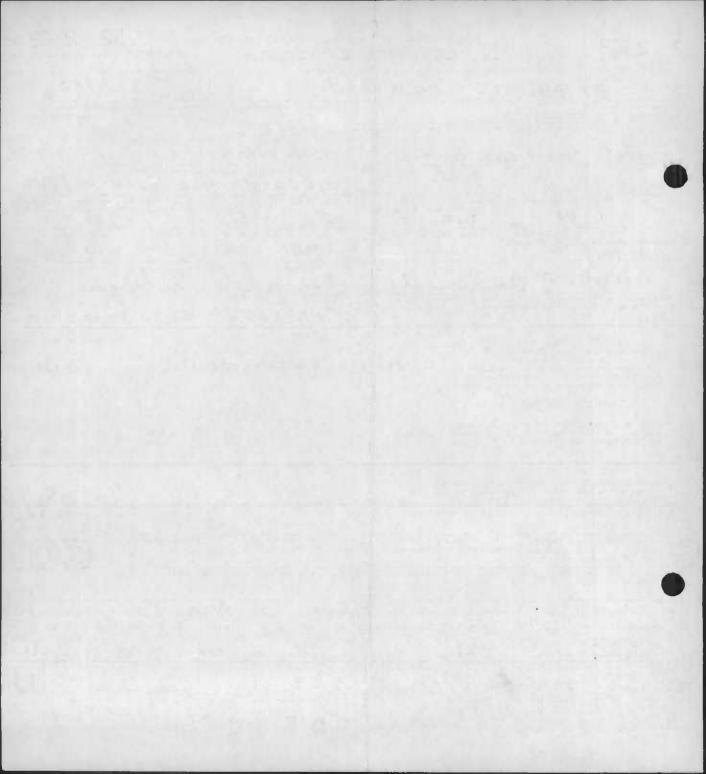
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 2581

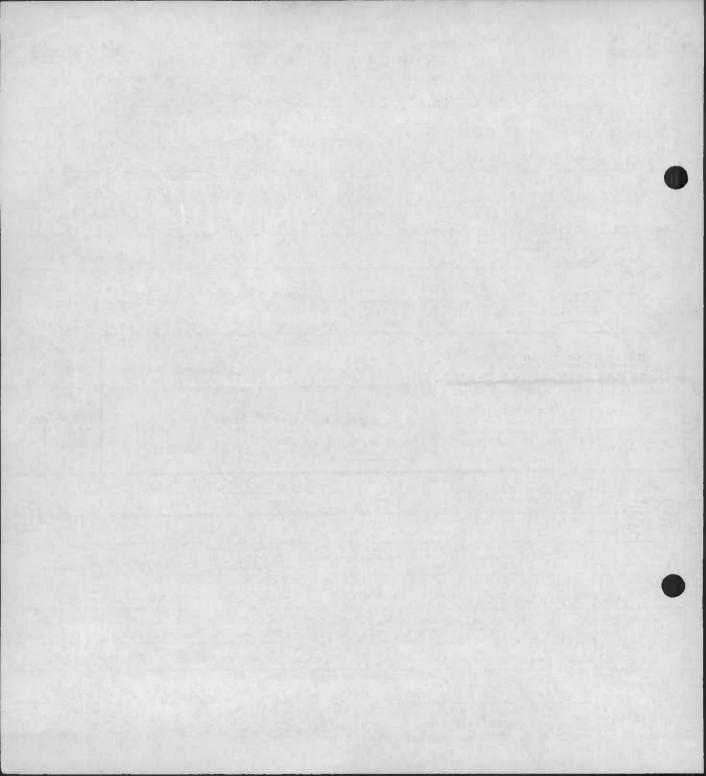
BIRTH NO.	E OF DEATH
1. NAME OF DECEASED (Type or Print)	2. DATE OF 9/14/5-
PRITCHEII, RICHARD	DEATH 3/79/3 C
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, if institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location)	
INSTITUTION AND A A	c. CITY OR TOWN (If outside control ate limits, vrit RURAL and give township)
Mercy Lospet al	D. STREET ADDRESS (if rural, give location)
Life Mos.	24122 8 La Parcotto ano
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years II Under I Year II Under 24 liouis
WIDOWED, DIVORCED (Specify	Mou 22 18 78 last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
ork done during most of working life even if retired)	md. WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Richard Pritchett	Jadie Ringrose
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO.	17 INFORMANT ADDRESS
215-14-0071	Sadie L. Rule 2427 Cast salarette live.
18. 470.5 CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY	
(This does not mean the mode of dying, e.g.,	e cardiac decompensation 10 hrs.
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES	+. 0 0 7 +. 2.0
DISEASES OR CONDITIONS, IF ANY, GIVING	estinal abstruction 3 who
PISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	therosclerosis
(c)	- Constant
11	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT	
198. MAJOR PINDINGS OF OFE	RATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER- 21B. PLACE OF INJURY (c. g.,	in or 21c. WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	otc.) INJURY OCCUR?
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE	RED 21F. HOW DID INJURY OCCUR?
INJURY WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from	
	rred at 12:30 m., from the causes and on the date stated above.
	23B. ADDRESS 23c. DATE SIGNED
7. K. of grilla M. D.	mercy Hoop 3/14/52
24A. BURIAL, CREMA- 24B. DATE TION REMOVAL (Specify)	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Pourial 3-17-32 / Callimore	1,25. FUNERAL DIRECTOR ADDRESS
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR MAR 1 5 1952	1 1 1 10 C - 2/2 - 2 V
ALL STATE TO STATE OF THE STATE	form a. Therew me. atoo to have to.
VS 150	2 4
3/9	6-7



52 2562 BIRTH NO. 31-28203 BALTIMORE CITY HEALTH DEPARTMENT S2 2562 CERTIFICATE OF DEATH Registered No. 2562						
1. NAME OF DECEASED (Type or Print) ANTOINETTE ANDE	RSON 2. DATE OF 3/14/52					
B. FULL NAME OF (If not in hospital or institution, give street add	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)					
HOSPITAL OR INSTITUTION C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) AUTHERAN HOSPITAL OF MD						
c. Hength of stay in Baltimore 3 Mos. D. STREET ADDRESS (If rural, give location) 5622 PRINCE GEORGE AUF						
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED SINGLE	Dec. 1, 1951 3					
INFANT	MARYLAND 11. BIRTHPLACE (State or foreign country) MARYLAND 12. CITIZEN OF WHAT COUNTRY? U-S-A.					
ANDREW anderson	Josephine Seebach					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY	PARENTS 5622 PRINCE GEORGE					
18. 571. 0 CAI	USE OF DEATH INTERVAL BETWEEN ONSET AND DEATH					
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO						
ANTECEDENT CAUSES						
O DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.						
OTHER SIGNIFICANT CONDITIONS CON-						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
194. DATE OF OPERATION 198. MAJOR FINDINGS OF	OPERATION 20. AUTOPSY?					
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING bout home, farm, fectory, atreet, offi	(e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location)					
INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OC	CCURRED 21F. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from	22. I hereby certify that I attended the deceased from Mar. 14, 21952, to March 14, 1952, that I last saw th					
23A. GONATURE,	23B, ADDRESS 1.D. Lutheran Koop, of Md. 3/14/52					
24A. BURIAL, CREMA- TION, REMOVAL (Specify) 3-15-52 Round	EMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)					
DATE RECEIVED BY REGISTRAR S, SIGNATURE LOCAL REGISTRAR MAR 1 5 10 5 1 untington, Miliaus M.	LOCAL REGISTRAR					
vs 150						



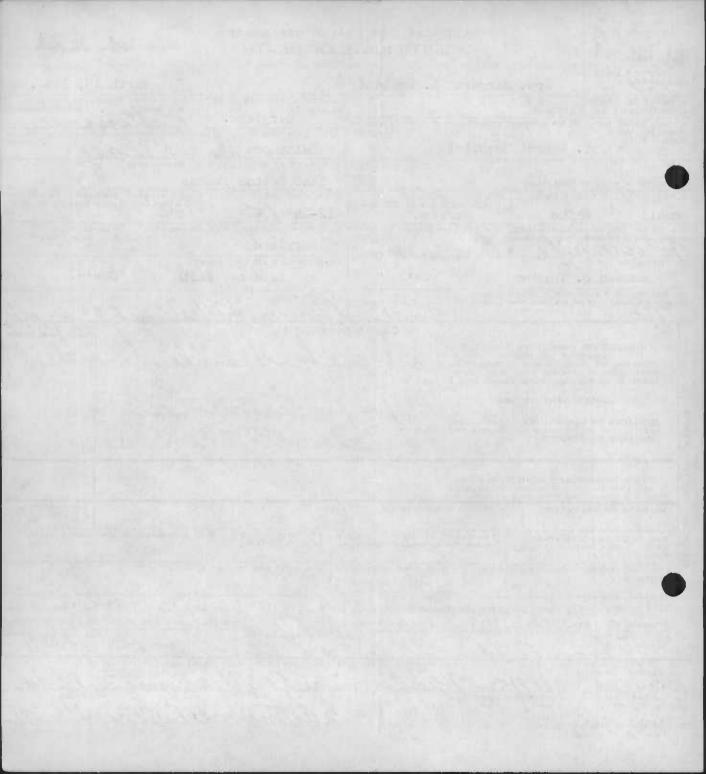
251 6217 /40	your Rd -9-10,
2 2563 BIRTH NO. BIRTH NO.	E OF DEATH Registered No. 2563
1. NAME OF DECEASED (Type or Print) Elizabeth Wall	Le Compte OF 3/11/10
A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, frite KURAL and give
6109 Marietta ave	Belto township) o. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Mos.	6107 Marietta ava
Figuraly White Widowed (Specity)	8. DATE OF BIRTH 9. AGE (In years li Under 1 Year Months Days Hours Min. 4. 8 / 1858 9. AGE (In years Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLA Tropics Self	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	which R. Ly Compte 2405 Mt. Holly J
	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death,) OUE TO	disease 3 ms
ANTECEDENT CAUSES	Times right hip Get 27,1951
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	CERTIFICATION APPROVED BY
(C)	RAGE D
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CHIEF OF ACT WITH UNLEXAMINER
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY/
21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e	Baltime City 1845 Freedom long
TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRINJURY OCT 27 1951 8 Pm. WHILE AT WORK AT WORK	
	1 /2 , 1952, to hand 14, 1952, that I last saw the
deceased alive grant and / Y, 195, and that death occur	red at 12.10 km., from the eauses and on the date stated above.
23A. SIGNATURE 2	38. ADDRESS 23C, DATE SIGNED 3/15/52
24a. BURIAL, CHEMA- 24B. DATE 24C. NAME OF CEMETE	RY OR GREMATORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
VS 150	of Jue; (al) of Tank of.
N820.1	



453
БЯТН N2564
1. NAME OF DEC (Type or Print)
3. PLACE OF DEA

CERTIFICATE OF DEATH Registered Ro. 2564

BIRTH NOVELLE	
1. NAME OF DECEASED (Type or Print) Mrs. Margaret L. Wehland	2. DATE OF March 13, 1952.
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or hospital OR location) St. Agnes! Hospital	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE Maryland. C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
ength of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 1846 Sutton Avenue
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married Married	12-24-85 66
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, event fretired) HOLLIGATION (Give kind of ork line) HOLLIGATION (Give kind ork line) HOLLIGATI	II. BIRTHPLACE (State or foreign country) Maryland 14. MOTHER'S MAIDEN NAME
Edward J. Turner Dec'd	Rebecca Faith Dec'd.
15. WAS DECEASED EVER IN U, S. ARMED FORCES? (Yes, no or onknown) (If yes, give war or dates of service) RECURITY NO.	Charles & Welland Relay Well
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	pertensine Certain levoter C.V.D.
TO THE DISEASE OR CONDITION CAUSING IT.	RATION 20. AUTOPSY?
	YES NO A
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg.,	
2 1D. TIME (Month) (Day) (Year) (Hour) 2 1E. INJURY OCCURR WHILE AT NOT WHILE AT WORK AT WORK	
John 6 // Eals M.D.	195, to 3/13, 195, that I last saw the red at 7 fm., from the causes and on the date stated above. 23B. ADDRESS 23C. DATE SIGNED 23C. DATE SIG
LOCAL REGISTRAR Hurtington Williams, My.	Easter Done Cutonsville Med.

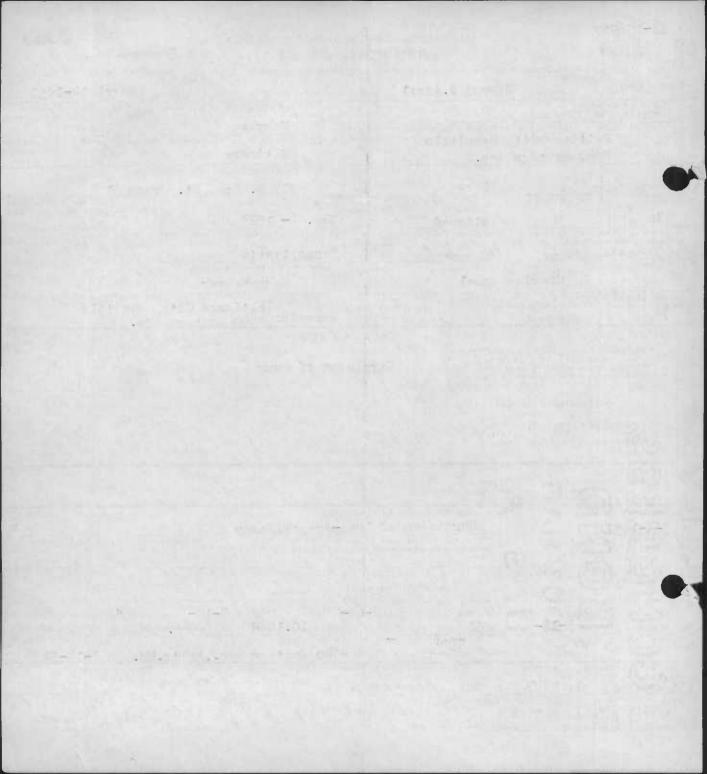


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ı	BIRTH	NO

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Reg

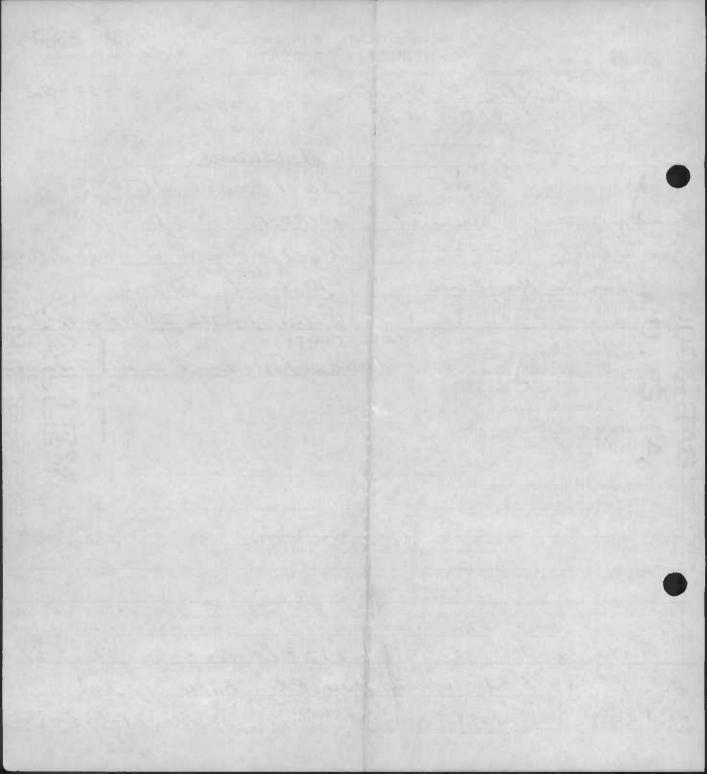
	52	2565
gistered	No.	

-	III NO.						
1.	NAME OF DEC	CEASED	Edward	S.Ansel		2. DATE OF DEATH Ma	rch 14-1952
	PLACE OF DE Baltimore Ci				4. USUAL RESIDENCE	CE (Where deceased lived.	
B. H	FULL NAME O	F (If not in hos altimoreCi	pital or institu	tion, give street address or location)	Maryland	The state of the s	pm 605
11	ISTITUTION 4	940 Easter:	n Ave.	T.S.1 13	Baltimer		its, write RURAL and give township
7		, , , , , , , , , , , , , , , , , , , ,		Yrs. Mos.	D. STREET ADDRESS	(If rural, give location)	
		y in Baltimore		Days	717 S. B		31
3	SEX 6	COLOR OR RAC	WIDOV	E, MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH		Months Days Hours Min.
10	A. USUAL OCC	W UPATION (Give kine	Wide	D OF BUSINESS OR	Nev. 4- 1883	e or foreign country	12. CITIZEN OF
WOL	Machi	working life, evod if retire	Conte	untal Care	Pannsylvania		1 STA COUNTRY
13	FATHER'S NA			(17)	14. MOTHER'S MAIDE	EN NAME	101-0,11
			s Ansel		Mary Ma	urer	
(Ye	no or unknown)	(If yes, give wer or d	ED FORCES?	16. SOCIAL SECURITY NO. 2/4/-03-401A	17. INFORMABALti Recerds: 4940	more City Hosp	Appress
	18. 163	X 1			OF DEATH		INTERVAL BETWEEN
	1	OR CONDITION	ATH	Comein			
	neart failure	not mean the mode, asthenia, etc. It momplication which	eans the diseas	se.	ema of Lung		
	A	NTECEDENT CA	USES				
ZO	DISEASES	OR CONDITIONS	IF ANY, GIVII	(B)			
FICATION	UNDERLYII	NG CONDITION	A) STATING T	HE DUE TO			
				(0)			
RTI		II SNIFICANT CON					
CE	TO THE DIS	TO THE DEATH, BU	ON CAUSING	ІТ.			
A L		OPERATION /		rcinema of lun			20. AUTOPSY?
EDICA	3-5-1952 21A. ACCIDE	NT WAS UNDER	21B. PL	ACE OF INJURY (B. g., in	or 21c. WHERE DID	(If in Baltimore City	
ME	LYING OR CAUSE OF DI	CONTRIBUTING[EATH	about home,	farm, factory, street, office bldg., e	tc.) INJURY OCCUR?		
j	21b. TIME (M	onth) (Day) (Yes	ir) (Hour)	21E. INJURY OCCURRE	2 1F. HOW DID IN	JURY OCCUR?	
à			m.	WORK NOT WHILE			
1		1		deceased from 2-26	. , ,		52, that I last saw the
	23A. SIGNATU	ve on 3-14-	, 19.52.		red at 10.10AM fr	om the causes and on	the date stated above.
		1.5.	Close		4940 Eastern A	ve. Balte. Md.	3-14-52
	DEPREMOVAL (Spe	EMA- 248. DATE cify) 3-18	-52	Wennon	RY OR CREMATORY 2	McClessol	n or county) (State)
D.	ATE RECEIVED CAL REGISTRA MAR 1 51		R'S SIGNATI	Villiams , Mis	Millred J.	Blight 600	ADDRESS Rd.
	VS 150	dd.	9	544	3.6	1	



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Ollie G. Dutton DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland 2601 Boone B. COUNTY before admission) B. FULL NAME OF (If not in hespital or institution, give street address or HOSPITAL OR (If outside corporate limits, INSTITUTION Turore of rural, give loca Length of stay in Baltimore 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. Colored married 10A. USUAL OCCUPATION (Give kind of ACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, gren if retired) INDUSTR' Housewife 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no of phknown) SECURITY NO no CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. RTI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? DIC (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., ctc.) INJURY OCCUR? p. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED WHILE AT WORK 195210 3-12, 19 5 Athat I last saw the 22. I hereby certify that I attended the deceased fromdeceased alive on 3-12, 19 22, and that death occurred at 2 Am., from the causes and on the date stated above. 23A. SIGNATIONE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-24B. DATE TION REMOVAL (Specify arbutus mem. PK. Burnal DATE RECEIVED BY REGISTRAR'S SIGNATURE

VS 150



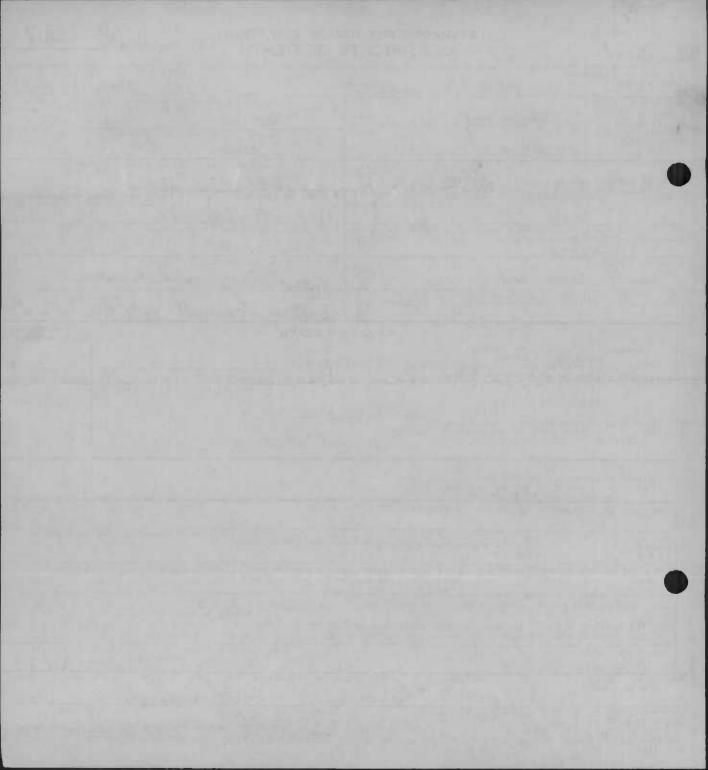
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2	2567

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 2567

GIRTH NO.	E OF DEATH
1. NAME OF DECEASED (Type or Print)	2. DATE OF
FRANK SCHMID	DEATH March 12, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	
HOSPITAL OR Iocation	township)
Johns Hopkins Hospital	Baltimore
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
Length of stay in Baltimore Days	5 N. Exeter Street
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years If Under I Year In Under 24 Hours: Min.
Male White	1)08-20-1905; 46.
10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR work done during most of porking life, even if retired) INDUSTRY	11.BIRTHPLACE (State or foreign country) 12. CITIZEN OF AWHAT COUNTRY
Falorer (1)	Dallimente U.S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frank Schmidt	Cutherne Sherman.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT
	anthony schunds. 14. H. Washington st
18. 490 X CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND BEAT
LEADING TO DEATH	r pneumonia
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES (B) Fatt	y liver
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	
Prise to the above cause (a) stating the MEXTON UNDERLYING CONDITION LAST.	hosis of the liver
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) CITT OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED	
U 19A DATE OF OPERATION 19B MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
	YES X NO
21a. EXTERNAL CAUSE WAS 21b. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.	in or 21C. WHERE DID (If in Baltimore City, give exact location)
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.	etc.) INJURY OCCUR?
210. TIME (Month) (Dny) (Year) (Hour) 21E. INJURY OCCURR	RED 21F, HOW DID INJURY OCCUR?
F INJURY WHILE AT NOT WHILE	
	above held an Autopsy thereon and from
22. I certify that I took charge of the remains described	Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or	Inquiry, find that said deceased died on the day stated above
23A. SIGNATURE	8 ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐. 23B CHIEF MEDICAL EXAMINER ☐ 23C. DATE SIGNED
11/11/11 11 Lang 11/	ASSISTANT MEDICAL EXAMINER Wanah 12 1052
24A. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMETE	MEDICAL INTEGRATION
TION, REMOVAL (Specify)	1 Odnull 1/2 Qual
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR	DIEIM EN

97099



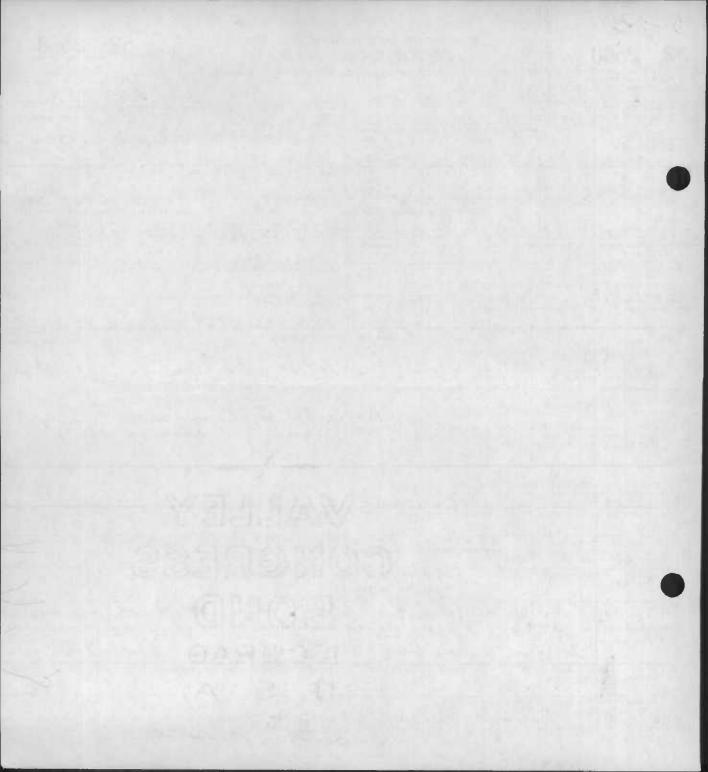
325

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

modey

Registered No. 2568

BIRTH NO.	E OF DEATH		
1. NAME OF DECEASED	2. DATE 14		
(Type or Phint) Flora Katzenstein	DEATH3.14:1952		
a. Baltimore City, Maryland Balto Md	4. USUAL RESIDENCE (Where deceased lived, If institution: residence ALSTATE B. COUNTY before admission)		
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL QR location			
HOSPITAL OR location	C. CITY OR TOWN (If outside torporate limit, write RURAL, and give (ownship)		
Warlborough Apt 1700 Rutaw Place	Balto Md		
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)		
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	1700 Tutaw Place B. DATE OF BIRTH 9 AGE (in years) If Under 1 Year If Under 24 Hours		
WIDOWED, DIVORCED (Specify			
10A USUAL OCCUPATION (Givekinder) 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF		
work done during most of working life, even if retired) INDUSTRY	WHAT COUNTRY?		
HOUSE WORK	Baltimore Md us		
	14. MOTHER'S MAIDEN NAME		
Isaac A. Gusdorf	Delca Latz St		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS		
	rs.Annette Ellenson 2 17 Mt Holly		
18. 4.2011 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DIRECTLY	0		
(This does not mean the mode of dying, e.g., (A)	ronary occlusion / du		
heart failure, asthenia, etc. It means the discase, injury or complication which caused dcath.) DUE TO	ronary occlusion / day		
ANTECEDENT CAUSES	rester line maline 3 mm		
Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO VASCULCE WILLIAM STATING THE			
	basinea aneur		
ONDERLYING CONDITION EAST.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED			
OTHER SIGNIFICANT CONDITIONS CON-			
O TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER			
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g.,	nor 21c. WHERE DID (If in Baltimore City, give exact location)		
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH	INJURY OCCUR?		
ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?		
m. WHILE AT NOT WHILE AT WORK AT WORK			
22. I hereby certify that I attended the deceased from	Ver , 194 (2 to 3 - 14 , 195 , that I last saw the		
deceased alive on 3-13, 1952 and that death occu	rred at 6 A m., from the causes and on the date stated above.		
	238. ADDRESS , 23c. DATE SIGNED		
Mun / frem ou M. D.	3003 Janua Wed 3-15-52		
TION, REMOVAL (Specify)	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)		
7	m Cemetery O Donnel St Md		
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS		
MAR 151952 Tunturgion Vicusius, My	· Pavid R. Markin 1902 Eutaw Place		

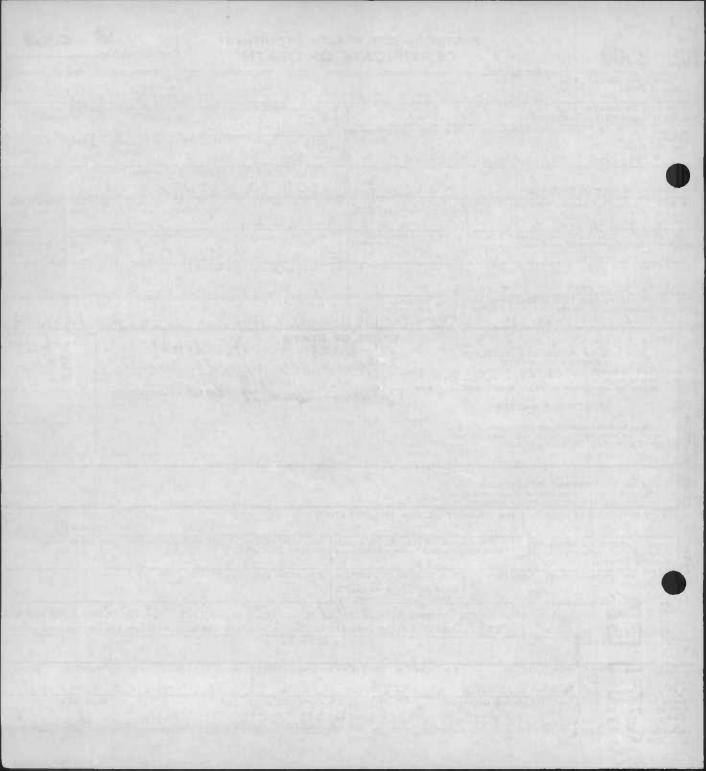


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

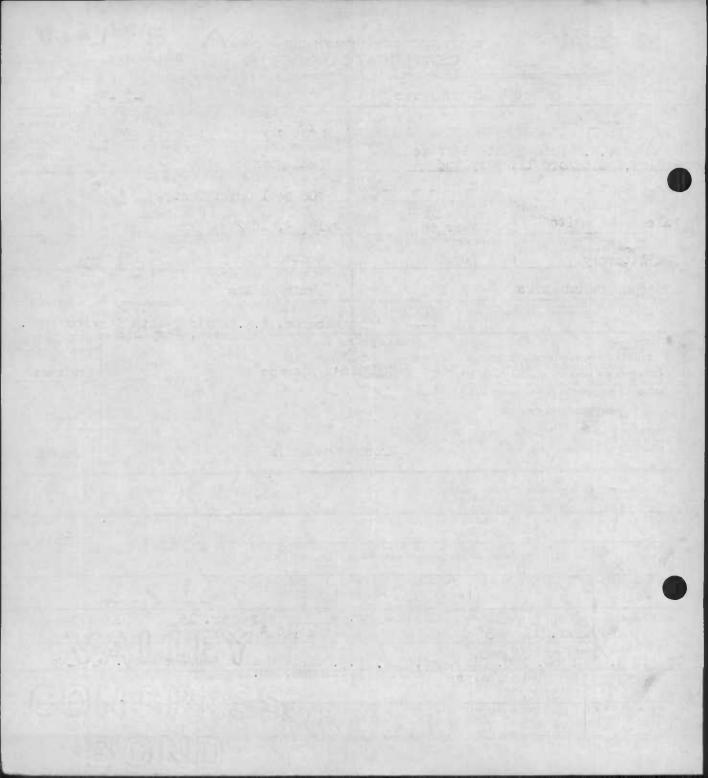
52 2569 Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) Herbert A. Hughes DEATH	larch 15-52.
a. Baltimore City, Maryland 80 1 to B. COUN	
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION , (If outside corporation)	ce limits, write RURAL and give
Union Memorial Hosp Balto. Yrs. D. STREET ADDRESS (If rural, give location)	township)
c. Length of stay in Baltimore 13 rrs Days 1800 Crestview	r Rd
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIV.ORCED (Specify) 8. DATE OF BIRTH 9. AGE (In year) last birthds	ars If Under I Year- If Under 24 Hours y) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BERTHPLACE (State or foreign country)	12. CITIZEN OF
Spice Co. Plesant Valler Ca	WHAT COUNTRY?
13. FATHER'S NAME	,
15. WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL (Yes, pto or unknown) (If yos, give war or dates of swince) SECURITY NO.	ADDRESS
Yes / War 1 548-18-8329 heola A. Hughes 1800	
18. 420.) DISEASE OR CONDITION DIRECTLY CAUSE OF DEATH RY OCC 14510N-	ONSET AND DEATH
(This does not mean the mode of dying, e.g., (A) Menuischer & Annuan	8 yra.
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
AU 1000 - 1120 -	
ANTECEDENT CAUSES Z	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	20. AUTOPSY? YES NO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT NOT WHILE	YES NO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) CAUSE OF DEATH 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 1D. TIME (Month) (Day) (Year) (Hour) 21F. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT NOT WHILE AT WORK AT WORK	YES NO City, give exact location)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING Shout home, farm, factory, street, office bidg., etc.) CAUSE OF DEATH 1D. TIME (Month) (Day) (Year) (Hour) INJURY 21E. INJURY OCCUR? WHILE AT NOT WHILE AT NOT WHILE AT WORK AT WORK 22. I hereby certify that I attended the deceased from 19 to	YES NO City, give exact location) 195 Athat I last saw the lon the date stated above.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) CAUSE OF DEATH 1D. TIME (Month) (Day) (Year) (Hour) INJURY 22. I hereby certify that I attended the deceased from 19 to 19	YES NO City, give exact location)
DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING Shouthome, farm, factory, street, office bidg, etc.) CAUSE OF DEATH 10. TIME (Month) (Day) (Year) (Hour) INJURY 21. INJURY OCCUR? 21. INJURY OCCUR? WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from deceased alive on May 1, 1952, and that death occurred at m., from the causes and 23A. SIGNATURE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City 110) OF CEMENTAL OR CREMATORY	Oity, give exact location) 192 Athat I last saw the lon the date stated above. 23c. DATE SIGNED town, or equnty) (State)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) INJURY 22. I hereby certify that I attended the deceased from deceased alive on 23A. SIGNATURE 24A. BURIAL, CREMA- TION CEMONAL SUNDER 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City DATE RECEIVED BY I REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR	YES NO City, give exact location) 195 Athat I last saw the lon the date stated above. 23c. DATE SIGNED
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) CAUSE OF DEATH (D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY OCCUR? INJURY 22. I hereby certify that I attended the deceased from work of the deceased alive on 1997, to 199	City, give exact location) 195 Athat I last saw the lon the date stated above. 23c. DATE SIGNED town, or equnty) (State)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING Soluthome, farm, factory, street, office bldg., etc.) CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21. I hereby certify that I attended the deceased from the deceased alive on the deceased from the deceased alive on the deceased from the deceased from the deceased alive on the deceased from the decease	City, give exact location) 192 Athat I last saw the lon the date stated above. 23c. DATE SIGNED town, or equnty) (State) Calphernia



52 2570

BIRTH NO.		CERTIFICATI	E OF DEATH	Registe	ered No
1. NAME OF DECEASED (Type or Print) Jos	eph Edwa	urd Marks		2. DATE OF DEATH	3-15-52
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hosp HOSPITAL OR INSTITUTION U.S. Public I		ion, give street address or location)	Kentucky	Where deceased li B. COUN	ved, If institution: r sidence before admission te limits, write RURAL and giv
Hospital, Baltimore 1		and Yrs. Mos.	Lexington D. STREET ADDRESS (1	f rural, give locati	township
Male White	Ma	Days E. MARRIED. VED. DIVORCED (Specify) rried	208 Bell Cour 8. DATE OF BIRTH July 23, 1892	9. AGE (In ye last birthda	ars If Under I Year If Under 24 Hours Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind over done during most of working life, even if retired Attorney 13. FATHER'S NAME)	o of Business or INDUSTRY	11. BIRTHPLACE (State or Kentucky 14. MOTHER'S MAIDEN 1		USA
Joseph Edward Marks 15. WAS DECEASED EVER IN U. S. ARMI (Yes, no or unknown) (If yes, give war or da		16. SOCIAL SECURITY NO.	Texie Edelen		ADDRESS
DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode heart failure, asthenia, etc. It me injury or complication which ANTECEDENT CAU DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION L	TH of dying, e. g ans the disease caused death SES	(B) G DUE TO (B) G DUE TO (C) Bronch	n's Disease		Unknown Unknown
- 138	NOT RELATE	n	ATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING CAUSE OF DEATH TIME (Month) (Day) (Year INJURY) 22. I hereby certify that I at) (Hour) ; m. tended the	CE OF INJURY (e. g., in arm, factory, street, office bldg., e. 21E. INJURY OCCURRE WHILE AT WORK AT WORK deceased from Mar	21f. HOW DID INJUR	er occur?	City, give exact location) 1952 that I last saw the
deceased aliv on Nor. 15. 23A. SIGNATURE Donald W. Patrick, N	1952 A	and that death occur	red at 12:40 nt., from 3B. ADDRESS S. Public Health	the causes and Service H	on the date stated above. 23c. DATE SIGNED OSP 3_15_52
DATE RECEIVED BY REGISTRAR LOCAL REGISTRAR	'S SIGNATU	Missile, 8	25 FUNERAD DIRECTOR	chuer	ADDRESS Y X/W
	V	05581)	Ball) ina.



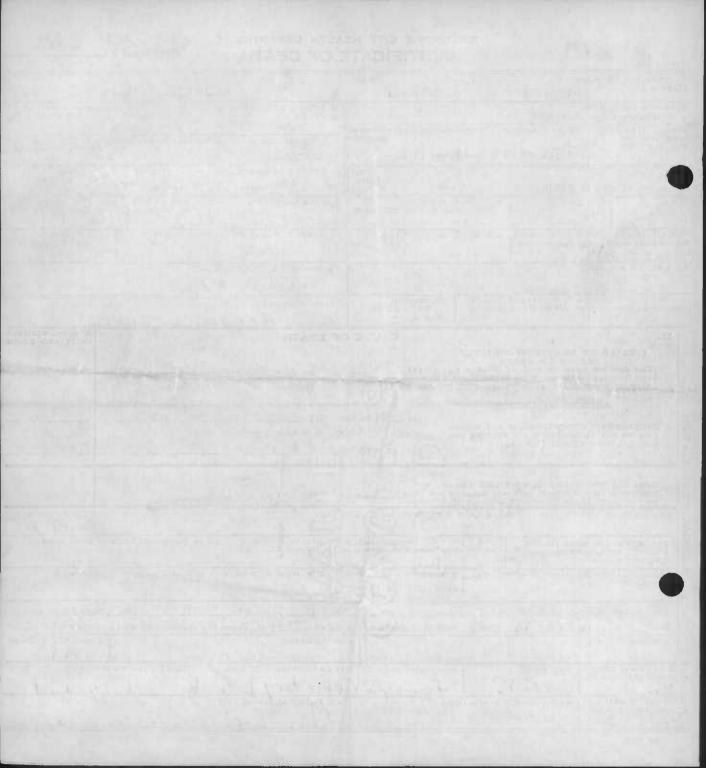
52 2571 BIRTH NO.

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CERTIFICATE OF DEATH

Registered No. 25/1

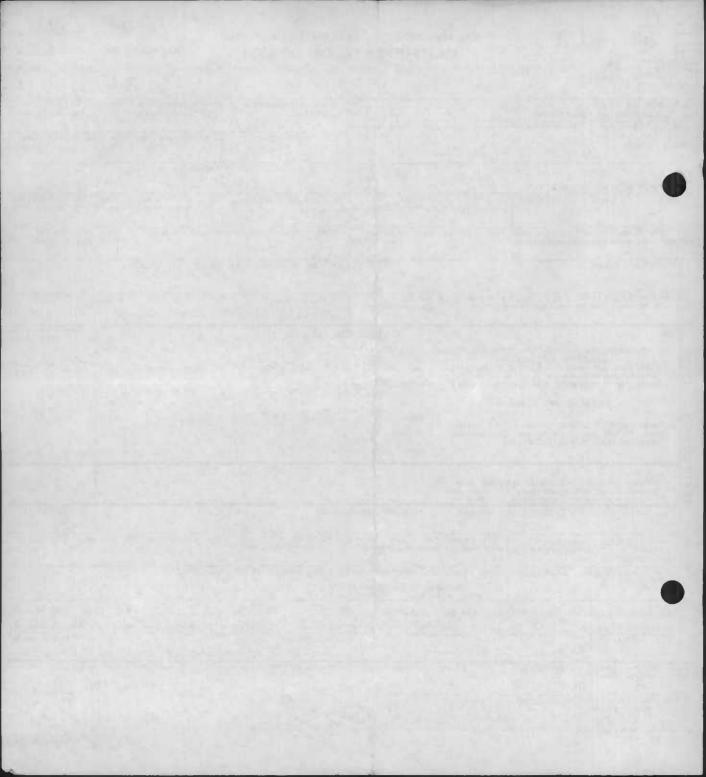
BIRTH NO.	LOIDEATT
1. NAME OF DECEASED (Type or Print)	2. DATE
EDITH H. LEAKINS	DEATH 3-13-52
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	A
HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
UNIVERSITY HOSPITAL	Fredrich township)
Yrs.	o. STREET ADDRESS (If rural, give location)
Length of stay in Baltimore A Mos.	883 W. All Saints St
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years) It Under 1 Year If Under 24 Hours
WIDOWED, DIVORCED (Specify)	12-14-89 [last birthday] Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
work done during most of working life, even if retired) INDUSTRY	WHAT COUNTRY
House Wife	ma USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Andell Roberts
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give war or dates of service) None	univ. Hosp. Records.
	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND OBATH
LEADING TO DEATH	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	many Embolism occurs 3 minutes
injury or complication which caused death.) DUE TO	of pulm. art. + value.)
ANTECEDENT CAUSES	
Z (B) Wides)	presad metastasis to bone, 2-3 map.
O DISEASES OF CONDITIONS IF ANY COURSE	it, adrenals.
The state of the s	oma of Thyroid 6-8 mas
<u>C</u>	3 7 7 3
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT. NON- TOVE	ic Nodular Croiter. 15 years.
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
O D D D D D D D D D D D D D D D D D D D	YES NO
2 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (6. 8., 1	
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., c	INJURY OCCURY
D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURR	ED 21F, HOW DID INJURY OCCUR?
INJURY WHILE AT NOT WHILE	
m. WORK AT WORK	
22. I hereby certify that I attended the deceased from M	AR. 1 , 1952 to MAR 13 , 1952 that I last saw the
deceased alive on MAR 13, 1952, and that death occur	rred at 1050m., from the causes and on the date stated above.
	3B. ADDRESS 23c. DATE SIGNED
Robert & Mossen M.O.	University Hosp. 3/14/52
24A. BURIAL, CREMA- 24B, DATE 24C, NAME OF CEMETE	
TION, REMOVAL (Specify) 3-17-57 Frankland	Emetry Frederic Many land
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAC DIRECTOR ADDRESS
LOCAL REGISTRAR	AT AT I I I I I I I I
MAR 16 1952	Mas. L. 411 (105 - 100 der Manyon



BALTIMORE CITY HEALTH DEPARTMENT

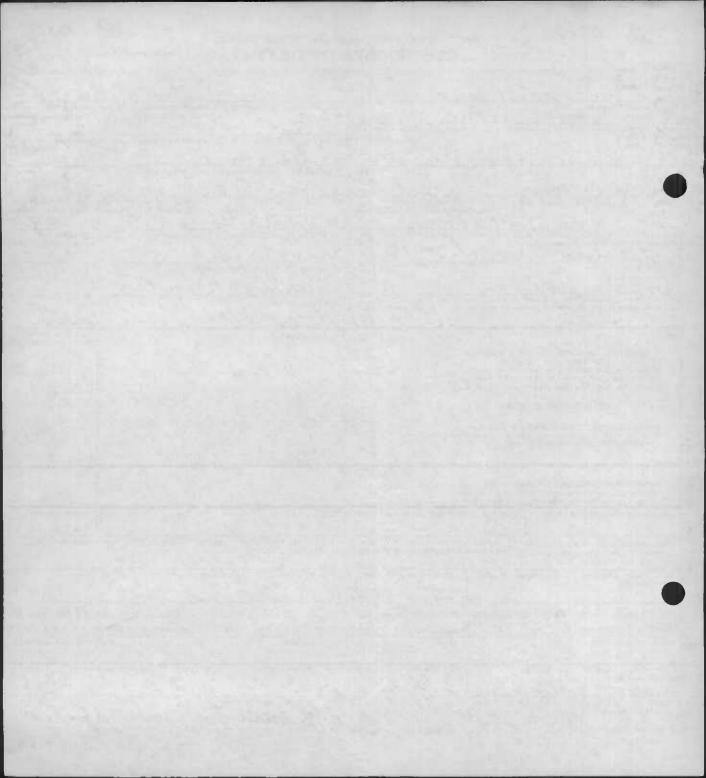
52 2572

CERTIFICATE OF DEATH Registered No							
I. NAME OF DECEASED (Type or Print) SAMUFI. WOLIAI						2. DATE OF DEATH	-15-52
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION) 402 (sthland Avenue)					A. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)		
yrs. Yrs. Mos. Days					D. STREET ADDRESS (If rural, give location)		
5. SEX 6. COLOR OR RACE 7. SINGLE WILDOW				MARRIED.	8. DATE OF BIRTH Feb. 26, 1833	9. AGE (In years last birthday)	Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Selection in Insurance Insurance					11. BIRTHPLACE (State or foreign country) Russis 12. CITIZEN OF WHAT COUNTRY		
13. FATHER'S NAME Aymen Wolmen					14. MOTHER'S MAIDEN NAME Eva Levin		
15. WAS DECEASED EVER IN U, S. ARMED FORCES? (You, no or unknown) (If you, give war or dates of service) 16. SOCIAL SECURITY NO.					Mrs. Lillian Wolman- 4402 Kethland Ivenu		
FICATION	(This does heart failu injury or DISEASES RISE TO T	SE OR CONDITION LEADING TO DEA' not mean the mode of re, asthenia, etc. It mea complication which of ANTECEDENT CAUS OR CONDITIONS, IN HE ABOVE CAUSE (A)	FH dying, e.g. ns the disease aused death EES FANY, GIVING STATING THE	(A) C (C)	or DEATH nonary of grentensing rascular	chesin.	M days
CERTIF	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED						
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER				ATION		20. AUTOPSY?
MEDICAL	LYING OF CAUSE OF 2 1D. TIME OF INJURY 22. I hcreb	(Month) (Day) (Year) y certify that I attlive on 3-11-	(Hour) m.	and that death oecur	ED 21F. HOW DID INJURY OCCUR?		
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or co							
	TE RECEIVE PORTE	D BY REGISTRAR			2 FUNEFAL DIRECTO		ADDRESS 1124-26 W.
	VS 150		0	4507	13	N	orth lovenue



Registered No-CERTIFICATE OF DEATH BIRTH NO. 2. DATE 1. NAME OF DECEASED (Type or Print) nton Illman DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY A. Baltimore City, Maryland alto. A. STATE before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION South ltimore D. STREET ADDRESS (If rural, give location) Mos. Clarkson igth of stay in Baltimore Davs 6. COLOR OR RACE AGE (In years | fi Under | Year | fi Under 24 Hours | Months: Days | Hours | Min. 7. SINGLE, MARRIED 9. AGE (In years) WIDOWED, DIVORCED (Specify) White arried 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF pe during most of working life, even if retired) WHAT COUNTRY? oral ollermaker 13. FATHER'S NAME MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) 96 no CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) . RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION DICA 21B. PLACE OF INJURY (e. g., ia or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) INJURY NOT WHILE AT WORK , 1952, to 3/15/, 1952 that I last saw the 22. I hereby certify that I attended the deceased from_ 1952 and that death occurred at 10.12m., from the causes and on the date stated above. deceased alive on 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) DATE sureal ADDRESS DATE RECEIVED BY LOCAL REGISTRAR

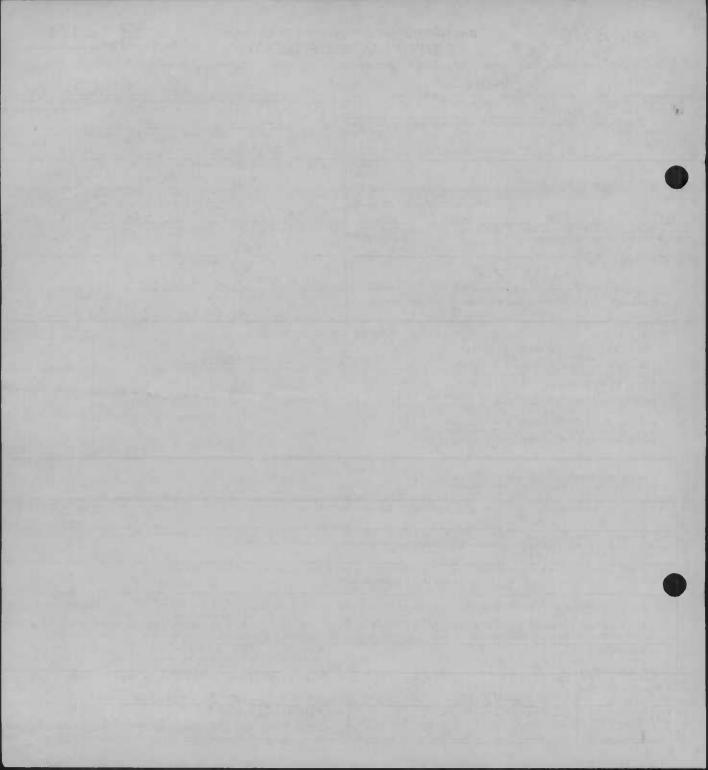
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52 23/4 BALTIMORE CITY HEALTH DEPARTMENT SE STATE OF DEATH Registered No.

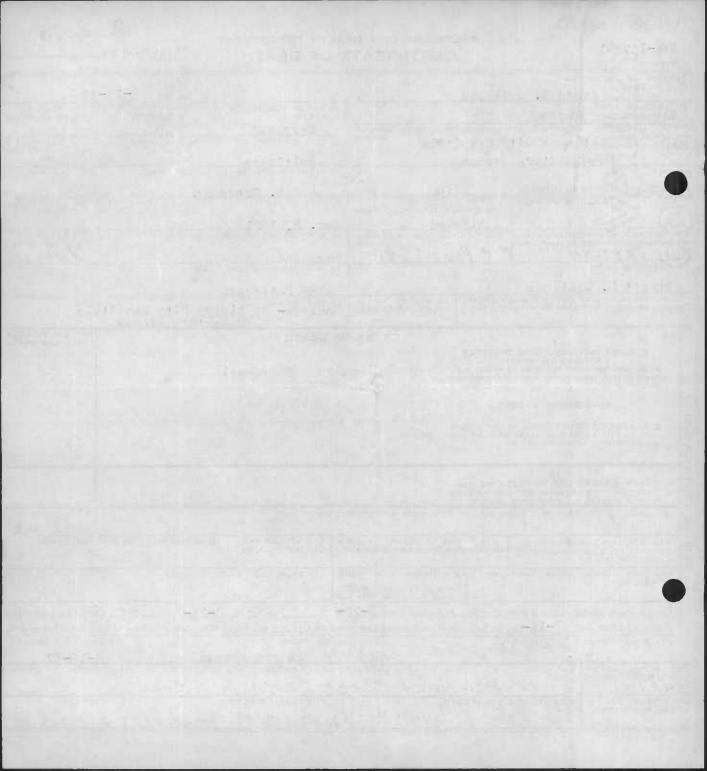
	B18	RTH NO. 1 C	-04938		SERTIFICA	~ I E	OI DEATH		
	1. (T)	NAME OF DEC			-			2. DATE OF	
				PEPHEN	CH	ERNE		DEATH ME	arch 14, 1952
		PLACE OF DEA Baltimore Cit					4. USUAL RESIDENCE A. STATE	B. COUNTY	before admission)
		FULL NAME OF	(If not in hospit	al or institution		4 1 1	Marylar		in a series to the transfer of the
		STITUTION	South Baltin	one Con			Baltimo	5	nits, write RURAL and give township)
		N	OUGH Daloth	iore den			o. STREET ADDRESS		
		enoth of star	y in Baltimore		1	Mos.		anover Street	
	5.		COLOR OR RACE	7. SINGLE	MARRIED.	1 8	DATE OF BIRTH		If Under 1 Year Il Under 24 Hours Months: Days Hours Min.
		Male	White	dis	ED. DIVORCED (S	pecity)	Hel. 17,19	50 D Us	Months Days Hours Min.
,	10	A. USUAL OCCU	PATION (Givekind of	108. KINB	OF BUSINESS O		1. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY!
	WOIL	m	orking life, even if retired)		INDO		13 als		14.5
	13	FATHER S	ME	10		1	4. MOTHER & MAIDEN	NAME	/
		7	during	6 hela	irneu		Viola	brossrch	te
	15 (Yes	. WAS DECEASED	EVER IN U.S. ARMES	FORCES?	16. SOCIAL SECURITY N	10.	7. INFORMANT	11	ADDRESS AT
			4		4		Lodulud,	6 hearney	1325 Hance
		18. 491	X .		CAU	SE O	F DEATH	•	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY								
		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,							
			omplication which						
		AI	NTECEDENT CAUS	SES					
	Z	DISEASES	OR CONDITIONS, 1	F ANY, GIVIN	(B)	**********			
	5	RISE TO THE	ABOVE CAUSE (A)	STATING TH					
	CA.				(C)				
	RTIFICATION	OTHER SIG	NIFICANT CONDI	TIONS CON					
	TA.	TRIBUTING T	O THE GEATH. BUT	NOT RELATE	0				
	CE	19A. DATE OF		. ' '	FINDINGS OF	OPERA"	rion		20. AUTOPSY?
	၂								YES X NO
	ICA	21A. EXTERNA	L CAUSE WAS		CE OF INJURY ((If in Baltimore City	, give exact location)
	EDI		USE OF DEATH.						
	Σ	21D. TIME (Me	onth) (Day) (Year)		TIE. INJURY OCC		21F. HOW DID INJ	URY OCCUR?	
	m. WORK AT WORK								
	22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon Autopsy, Inspection or Inquiry								
4		the evide	nce obtained by	said Autor	psy, Inspection	or In	quiry, find that said	d deceased died on	the day stated above,
		and deat	h in my opinion	resulted fr	rom: <u>natural co</u>	uses .	accident □. suic	al EXAMINER DI	23c DATE SIGNED
		11/100.	: 11/2	M-		M.D	ASSISTANT MEDIC	AL EXAMINER	March 15, 1952
	24	A. BURIAL, CRI	MA- 248. DATE	10 2	4c. NAME OF CEN			O. LOCATION (City, tov	vn, or county) (State)
ı	TIO	N. PEMOVAL (Spe		6 17,1952	16 ol	46	2000 1	G. D. 60	med
		TE RECEIVED	BY REGISTRAR'		RE,	10/10	5. FUNERAL DIRECT	OR ,	ADDRESS
1	M	IAR 1615		rator 1	V19 1910 4	12/6	1-16 culled	Exempl400x	16 harla AT
	V	S 151		0		4			1/



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17/MEG-1 67/37/13	EALTH DEPARTMENT
BIRTH NO.	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print)	2. DATE
James C. Spillman	OF DEATH 3~15~52
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address on HOSPITAL OR Baltimore City Hospitals location)	
	2 (1 - ()) township)
4940 Eastern Avenue Yrs.	D. STREET ADDRESS (If rural, give location)
ength of stay in Baltimore Life Mos. Days	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hours
WIDOWED, DIVORCED (Specify	
10A. USUAL OCCUPATION (Givekinde) 10B. KIND OF BUSINESS OR	Dec. 8, 1871 80 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
work done during most of working life, oven if retired) SHIP CAPTIAN C PAUL CORP.	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Rebert L. Spillman	Anna Patterson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	IJ. INFORMANT Baltimore City Hespitals
(1 yes, give war or dates of service) SECURITY NO.	4940 Eastern Avenue
ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	onery Thrombosis
TO THE DISEASE OR CONDITION CAUSING IT.	PATION
198. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
Z1A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg CAUSE OF DEATH	in or 21C. WHERE DID (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	RED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE ME AT WORK	
22. I hereby certify that I attended the deceased from 3-1	0- , 19 52 to 3-15- , 19 52, that I last saw the
	rred at 5:00Am., from the causes and on the date stated above.
23a. SIGNATURE	23B. ADDRESS 23c. DATE SIGNED
7.5. M.D.	4940 Eastern Avenue 3-15-52
24A. BURIAL, CREMA- 24B. DATE 1CN. REMOVAL (Specify) 3-18-52 HOLY CRC	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE.	25. FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR	B = = 1841 0 10 4 216 V 8

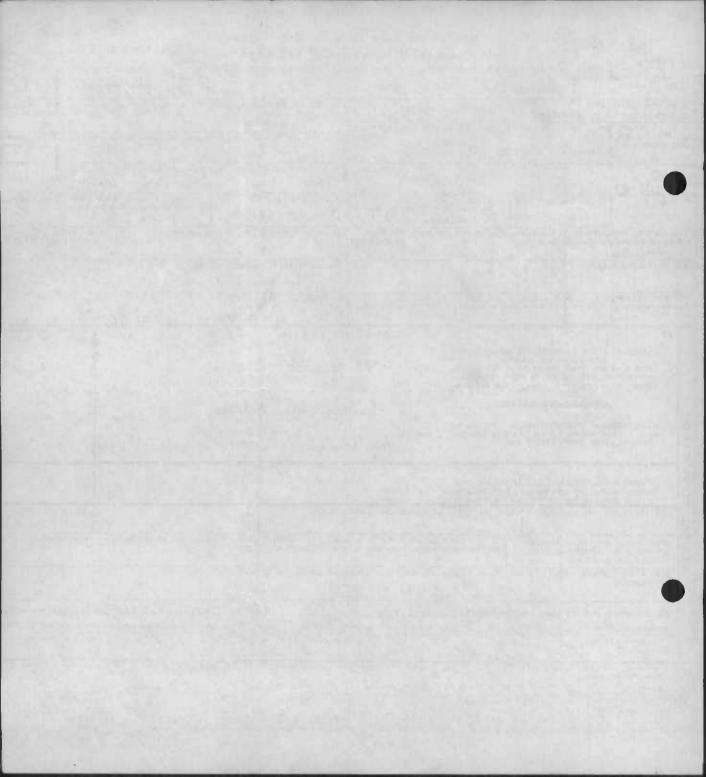


BALTIMORE CITY HEALTH DEPARTMENT

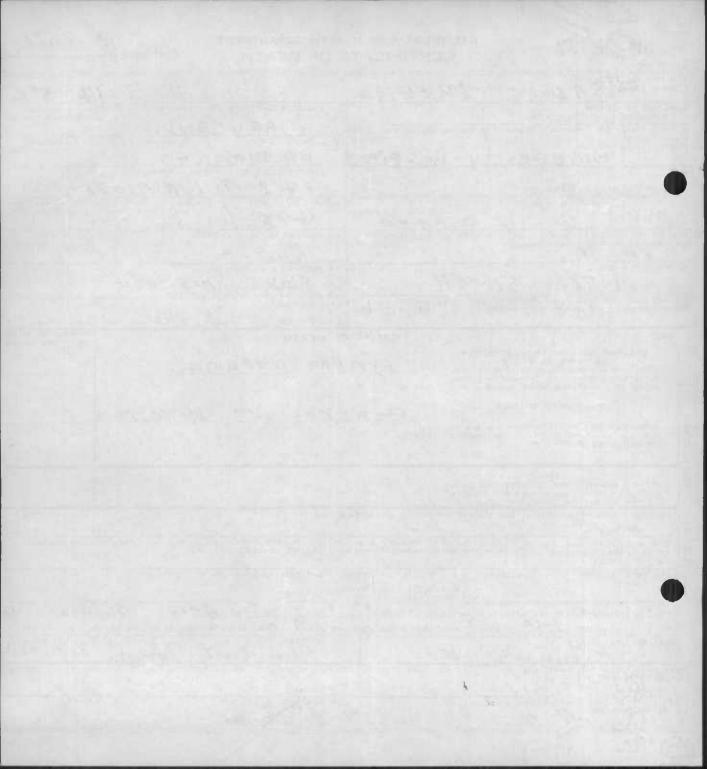
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Registered No-CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE Weinstein March 15 - 1952 (Type or Print) Mrs. Sonhia DEATH A Baltimore City, Maryland Church Home Hospital 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF (If not in bospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Church Home hospital ~ 02 Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. norths milton avc. Balto. ngth of stay in Baltimore 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year H Binder 24 Hours 7. SINGLE, MARRIED last birthday) Months: Days Hours: Min-WIDOWED, DIVORCED (Specify) Female Dec. 15-1878. Married Wido ra 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY Russia Housewife U-S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Wuman, Sorohia. 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(You, no or unknown) (If you, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. 42011 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Occhision heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Cardio Lascular Diocase 10 years. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION YES 218. PLACE OF INJURY (e. g., in or 21C. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE 22. I hereby certify that I attended the deceased from March 14 , 1958, to March 15, 1952 that I last saw the deceased alive on March 15, 19 52, and that death occurred at # 36 A.m., from the causes and on the date stated above. 23c. DATE SIGNED 23A_SIGNATURE Home Mospital Church 24A BURIAL, CREMA-TION, REMOVAL (Specify) 24C NAME OF CEMETERY OR CREMATORY | 240. LOCATION (City, town, or county) DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR

JAMES A YES



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	TIMORE CITY HE	EALTH DEPARTMENT E OF DEATH	Registere	52 2577 d No
1. NAME OF DECEASED (Type or Print) (SA DORE S	HEER-		2. DATE OF DEATH	-14-52
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W		
B. FULL NAME OF (If not in hospital or instituti	on, give street address or location)	c. CITY OR TOWN (If	AND-	mits, write RURAL and give
'UNIVERSITY	1405 PITAL	BALTIMO		township)
Ongth of stay in Baltimore	Yrs. Mos. Days	o. STREET ADDRESS (If	rural, give location	NGTON ST.
m WIDOW	MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years	
	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	preign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME MORRIS SHEE	-R	14. MOTHER'S MAIDEN NA	HOSTOC	K
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17 NEDRMANT	0-21-	ADDRESS
18. 7 / / / /	CALISE	OF DEATH	reers -	INTERVAL BETWEEN
(This does not mean the mode of dying, e. g heart failure, asthenia, etc. It means the disease injury or complication which caused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING TH UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON TRIBUTING TO THE OCATH, BUT NOT RELATE	OUE TO (B) (F (N)	PHO SARCOR		AS75
OTHER SIGNIFICANT CONDITIONS CON				
19A. DATE OF OPERATION 19B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
NONE-				YES NO
	CE OF INJURY (c. g., in erm, factory, street, office bldg., c		f in Baltimore Cit	y, give exact location)
210. TIME (Month) (Day) (Year) (Hour)	THE AT NOT WHILE WORK	21F. HOW DID INJURY	OCCUR?	
22. I hereby certify that I attended the	deceased from 3	-/ 1952to	3-14 19	52, that I last saw the
deceased alive on 3-14, 1952,	and that death occur	red at 153 m., from ti		n the date stated above.
23A. SIGNATURE OF THE WE.	M. D. 2	3B. ADDRESS SWILLING	to 7 Hon	3-14 SIGNED
24A. BURIAL, CREMA- 24B DATE TION REMOVAL (Specify) 3/16/52 DATE RECEIVED BY REGISTRAR'S SIGNATU LOCAL REGISTRAR	Suf Ca	RY OR CREMATORY 240. LO	Salta	wn, or county) (State)
MAR 1 6:1952 Huntington 14	theurs, My	agy deurs on	-21006	Naw PL.
VS 150	5986	E		



BALTIMORE CITY HEALTH DEPARTMENT 2018 Registered No. CERTIFICATE OF DEATH NAME OF DECEASED (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RISIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) DR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. O. STREET ADDRESS (If rural, give location) Mos. ngth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIE AGE (in years) If Under 1 Year If Lindar 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. married 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. STRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even fretired) INDUSTRY WHAT COUNTRY? vousa will 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) ADDRESS SECURITY NO. CAUSE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY CAL 21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER 21c. WHERE DID (If in Baltimore City, give exact location) EDI LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from 9-20 deceased alive on_ and that death occurred at_ 1 Lhom. from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED CREMA-

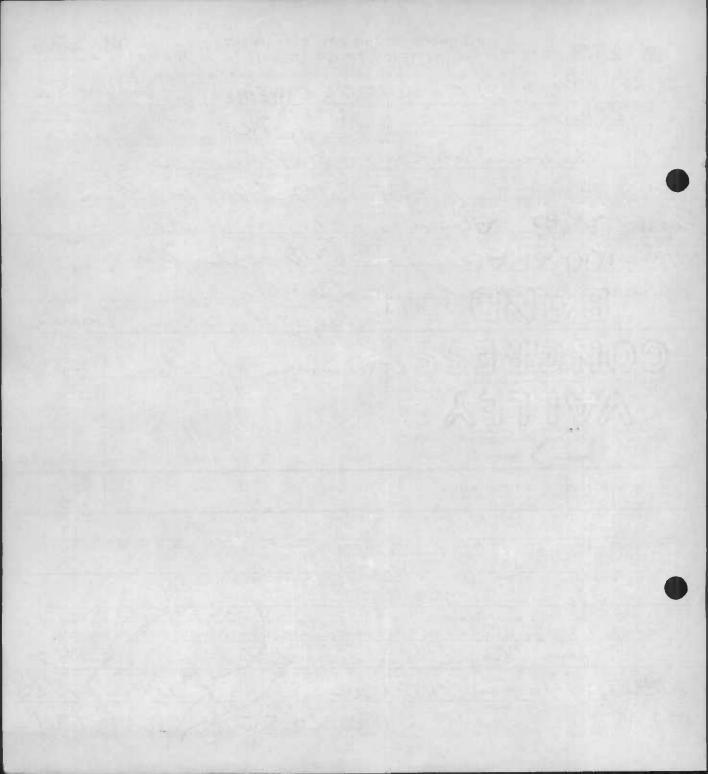
FUNERAL DIRECTOR

ADDRESS

DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE



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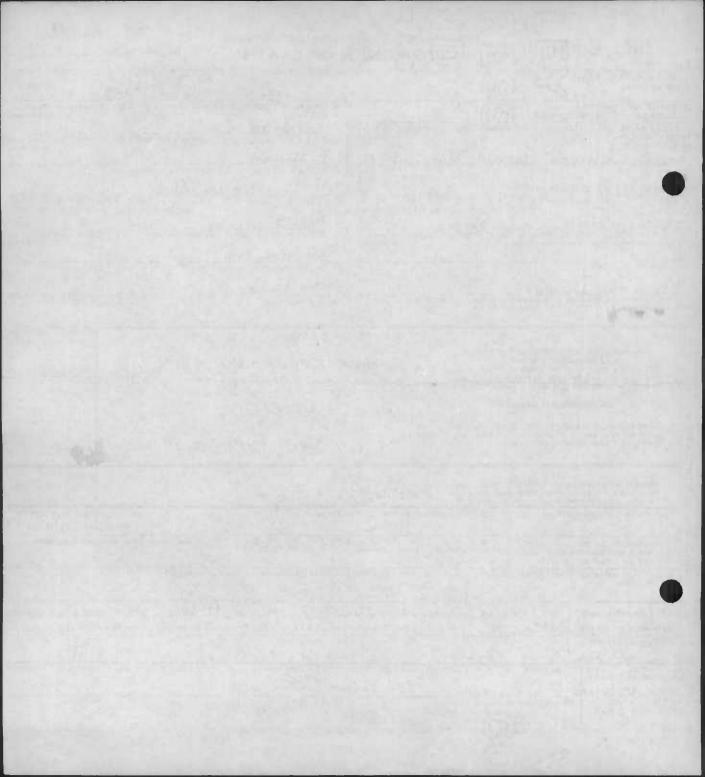
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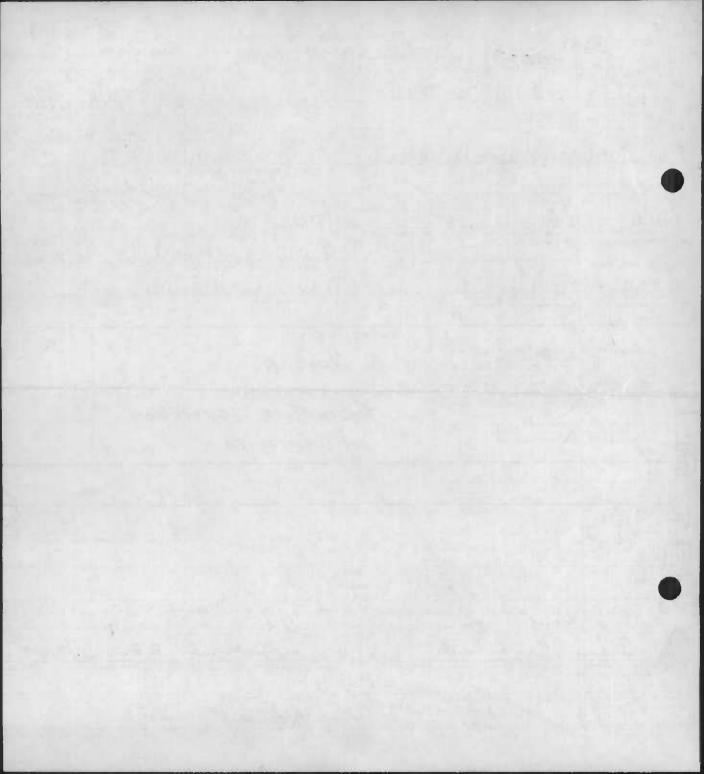
BIRTH NO.	E OF BEATH						
1. NAME OF DECEASED	2. DATE						
(Type or Print)	OF DEATH 8-13-52						
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)						
B. FULL NAME OF (If not in hospital or institution, give street address or							
HOSPITAL OR location) INSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)						
16 Lanua mund 1011	Ballmore						
Yrs,	D. STREET ADDRESS (If rural, give location)						
ngth of stay in Baltimore Ap Mos.	MAIN Bush ST						
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (In years II Under 1 Year II Under 24 Hours						
WIDOWED, DIVORCED (Specify)	last birthday) Months: Days Hours Min.						
IOA. USUAL OCCUPATION (Give hind of 10B, KIND OF BUSINESS OR	11. BIRTHPLACE State or foreign country) 12. CITIZEN OF						
work done during most of working life, even if retired) INDUSTRY							
Marsauly Hamen	Maryland						
13, FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
Mishard & Wash	Lauras of tomores						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? A 16. SOCIAL	17. INFORMANT ADDRESS						
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	m. 12 1 141 0 +A						
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18. 592X	OF DEATH Chronic hy or breakly ONSET AND DEATH						
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(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,							
injury or complication which caused death.) DUE TO							
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7 Hy Justilia Congretion							
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OTHER SIGNIFICANT CONDITIONS CON-							
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20, AUTOPSY?						
Z Z	YES NO						
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.							
S CAUSE OF BEATH							
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR							
m. WHILE AT NOT WHILE AT WORK							
22. I hereby certify that I attended the deceased from Use	uch 7, 195, tolyand 18, 1952, that I last saw the						
	rred at 6.3 1 Rm., from the causes and on the date stated above						
	23B. ADDRESS						
Les (Mills. M.D.	4100 Edmondron (me 3-15-52						
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE							
TION, REMOVAL (Specify)	00						
	1 25. FUNERAL DIRECTOR ADDRESS						
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS						
Tankingson & Villacion of the	Amend Williams 2508 Telmondon						
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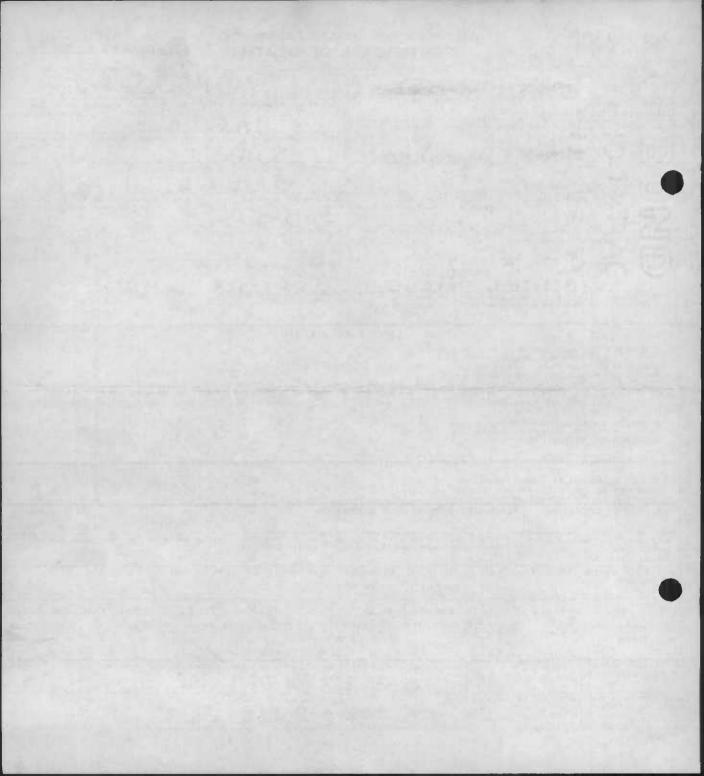
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	BALTIMORE CITY HE	EALTH DEPARTMENT	02 20	30				
	CERTIFICAT	E OF DEATH	Registered No					
	RTH NO. 52-04-105							
	NAME OF DECEASED ype or Print) 7 1 . C. 1	\mathbb{R}	OF 2					
3.	PLACE OF DEATH	4. USUAL RESIDENCE (Where do	eceased lived. If institution	n : residence				
	Baltimore City, Maryland	A. STATE		efore admission)				
	FULL NAME OF (If not in hospital or institution, give street address or location)		e corporate limits, write R	IIIRAL and give				
	STITUTION	TOU))	township				
-	Daltinore General Hospital Yrs.	D. STREET ADDRESS (If rural, g	give location)					
	Mos.	LII Washington I	AD					
5.	SEX 16. COLOR OR RACE 7. SINGLE, MARRIED.		GE (in years) If Under I Year	I II Under 24 Hours				
-	WIDOWED, DIVORCED (Specify)		st birthday) Months Day					
10	A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign of	rountry) 12 CIT	IZEN OF				
	done during most of working life, even if retired) INDUSTRY	0 11		AT COUNTRY				
100	FATHER'S NAME	Baltimore, Hol.						
1	TATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	Koymand Drown	Pruth tisher						
	. WAS DECEASED EVER IN U, S. ARMED FORCES? 16. SOCIAL b. no or unknown) (If yea, give war or dates of service) SECURITY NO.	17. INFORMANT	ADDRESS					
	18. 763, 5 CAUSE	OF DEATH		RVAL BETWEEN ET AND DEATH				
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) LOBAR PNEUMONIA, RT. LUNG							
	(This does not mean the mode of dying, e.g., (A) LOBH	K INEUMONIA, KI	LUNG					
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO							
	ANTECEDENT CAUSES DIA - CAITITIC							
Z	PLACENTITIO							
ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	A	C 445					
	UNDERLYING CONDITION LAST.	ATURE RUPTURE	OF MEMBRA	PNES				
FIC								
RTI	OTHER SIGNIFICANT CONDITIONS CON-							
Ш	TRIBUTING TO THE DEATH, BUT NOT RELATED PREMATO TO THE DISEASE OR CONDITION CAUSING IT.	TURITY						
U	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	20	AUTOPSY?				
A A	2		YE	s No				
DIC	21A. ACCIDENT WAS UNDER- 21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.,		Baltimore City, give exac	et location)				
lul	LYING OR CONTRIBUTING CAUSE OF DEATH	THOOK! COCOK!						
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCC	UR?					
	INJURY NOT WHILE AT NOT WHILE AT WORK AT WORK							
			Ca 10 that	I last easy th				
	deceased alive on 3/4/52, 19 and that death occu	and at 3:5CD as from the case	uses and on the date	etated above				
		23B. ADDRESS		DATE SIGNED				
	- // 0 . 0	1213 Light Street	3/8	1				
2.	AA, BURIAL, CREMA- 24B. DAZE 24C. NAME OF CEMETE	ERY OR CREMATORY 24D. LOCATI	1 3	1				
TI	ON, REMOVAL (Specify)	. 00.						
KE	Tained by Hospital Much 3, 1952. Cho-Chate Received by Registrar's Signature	25. FUNERAL DIRECTOR -	ADDRE	ESS				
L	OCAL REGISTRAR	0 0 0 2 5 7	Ü					
M	ARI 6 1932 Huntington Milkalles, his							
2.4.2	VS 150							

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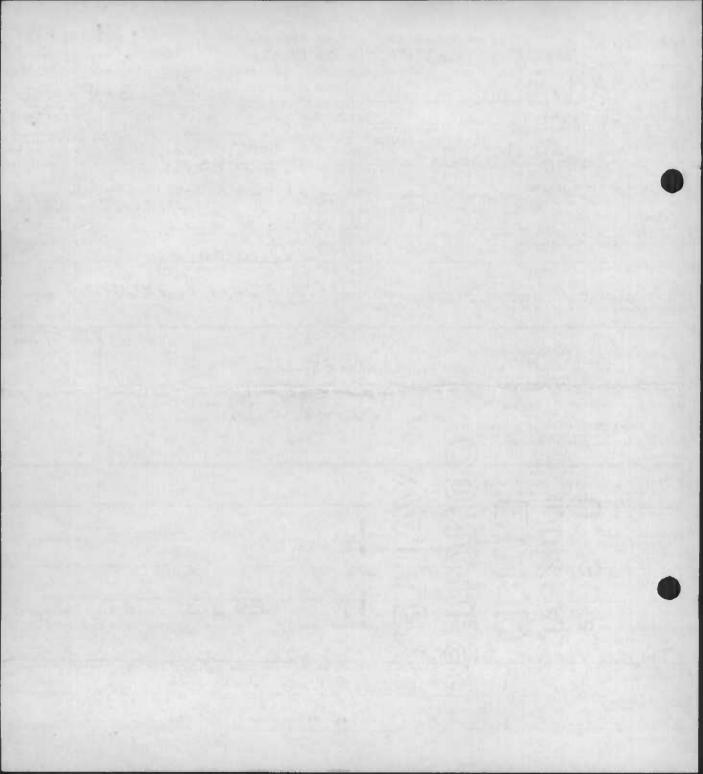




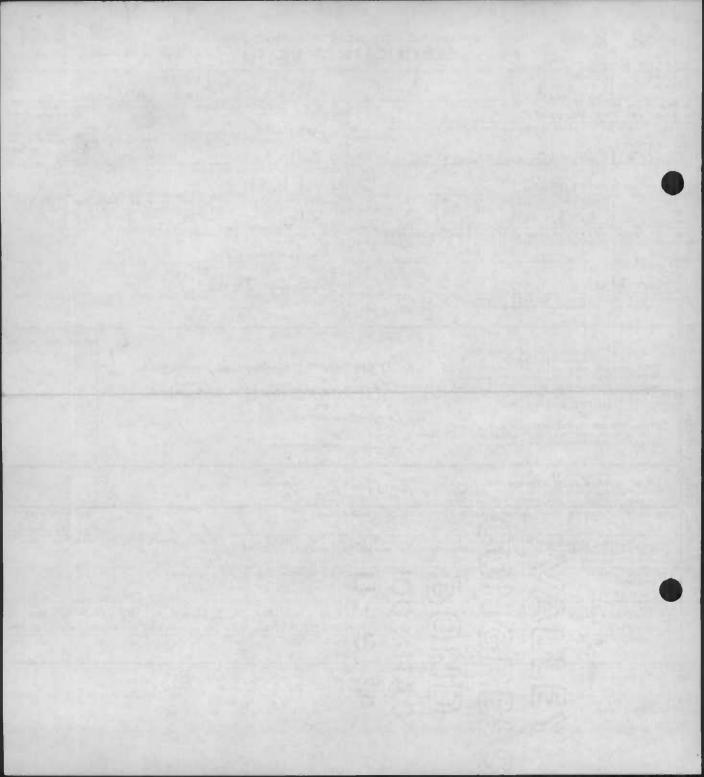
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52 2582 BALTIMORE CITY HEALTH DEPARTMENT	Registered No. 2002
BIRTH NO. 52-05083 CERTIFICATE OF DEATH	Acgistered Ho
1. NAME OF DECEASED (Type or Print) RARY ROY TILLE	2. DATE 3-3-52
A. Baltimore City, Maryland	Where deceased lived, If institution; residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR	ULAND
INSTITUTION C. CITY OR TOWN (II	Jutside corporate limits, write RURAL and give
JIN/41 DAL	10. 13-05
Yrs. D. STREET ADDRESS (If	rural, give location)
d ligth of stay in Baltimore Days 2/00	LEIGHTON HUC.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF BIRTH	9. AGE (in years If Under I Year If Under 24 Hours
MALE W SIDOWED, DIVORCED (Specify) 3-3-52	last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or for industry)	oreign country) 12. CITIZEN OF WHAT COUNTRY:
13. FATHER'S NAME 14. MOTHER'S MAIDEN N.	AME
SAUGEL Airres LANGE	C110.
15. WAS DECEASED EVER IN U, S. ARMED FORCES? 16. SOCIAL 17. INFORMANT	2HH0
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 17. INFORMANT	ADDRESS
DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., (A)	INTERVAL BETWEEN ONSET AND DEATH
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
O DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(C)	
ū.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	
TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY
4	YES NO L
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY	OCCUR?
INJURY WHILE AT NOT WHILE	
m. WORK AT WORK	7
22. I hereby certify that I attended the deceased from 3 - 3 , 1952, to 3	- 3 , 1957, that I last saw the
deceased alive on 3-3, 19 SV and that death occurred at 1.30 Lm., from t	he causes and on the date stated above.
23A. SIGNATURE 23B. ADDRESS	DA 23C. DATE SIGNED
Sidney Lines M.D. 2240 rutew.	Place 3/10/5V
244. BURIAL, CREMA- TION, REMOVAL (Specify) 246. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. L	OCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR	ADDRESS
LOCAL REGISTRAR Turtington Wellieus M. 2 Thinks Well	f Kaply
1 minimum 1 min . " Administration of	I Hogith
Vs 150	



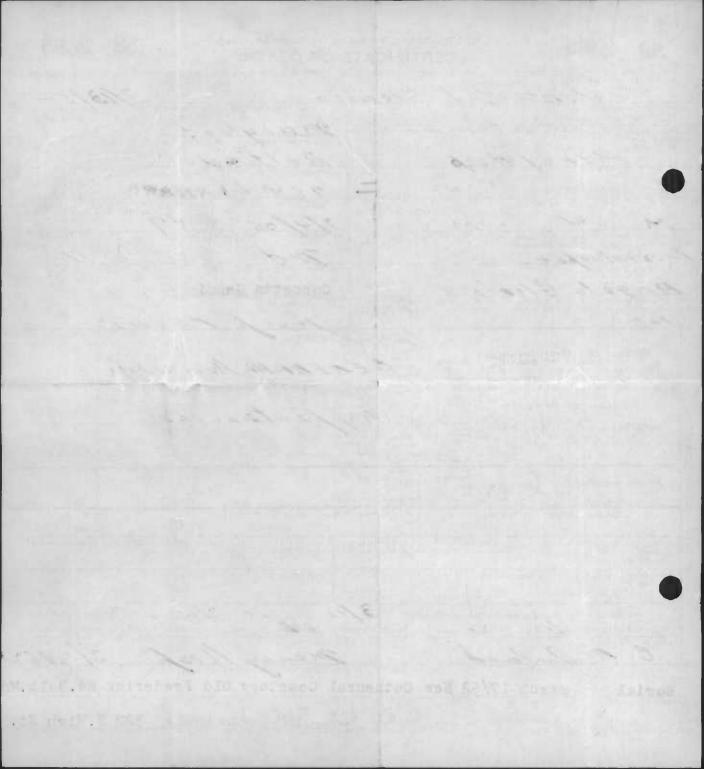
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52 2583 BALTIMORE CITY HEALTH DEPARTMENT	52 2383
BIRTH NO. 52-04946 CERTIFICATE OF DEATH Regis	stered No
1. NAME OF DECEASED 12. DATE	
(Type or Print) OF DEATH	3.5.52
3. PLACE OF DEATH: A Baltimore City, Maryland B. COU	
B. FULL NAME OF (If not in hospital or institution, give street address or	
HOSPITAL OR TOWN (If outside eorpor	rate limits, write RURAL and give (qwnship)
Yrs. o. STREET ADDRESS (If rural, give loca	ation)
Mos.	1 0 0
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. B. DATE OF BIRTH 9. AGE (IN	
WIDOWED, DIVORCED (Specify) 3: 1. 4 a last birth	day) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
rork done during most of working life, even if retired)	WHAT COUNTRY?
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
· Unacuia 9	tannis
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 17. INFORMANT	ADDRESS
18. 762,5	INTERVAL BETWEEN ONSET AND GEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	
injury or complication which caused death.) OUE TO	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED (1) TO THE DISFASE OR CONDITION CAUSING IT.	
, 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg., etc.) INJURY OCCUR?	re City, give exact location)
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from 3.1., 1953to 3.5	, 195 3 that I last saw the
deceased alive on 3. 7.2., 19 1 and that death occurred at 3 4 m., from the causes a	
23A. SIGNATURE 23B. ADDRESS 23B. ADDRESS CLASS	23c. DATE SIGNED
244. BURIAL CREMA-J 24B. DATE 1 24C. NAME OF CEMETERY OR CREMATORY 240, LOCATION (C.	
TION, REMOVAL (Specify)	
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR	ADDRESS
VS 150	



00		EQ 0===
1 SE SHOW STATE	CITY HEALTH DEPARTMEN	
BIRTH NO. 52 - 01437 CERTIF	FICATE OF DEATH	Registered No.
1. NAME OF DECEASED (Type or Print)	Nash	2. DATE OF DEATH 22652
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE	(Where deceased lived, If institution: residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give stree HOSPITAL OR INSTITUTION	t address or location) C. CITY OR TOWN	(If outside corporate limits, write RURAL and give
South Bultimore Corneral Usspital	Baltimore	2-4-03 township)
ength of stay in Baltimore	Yrs. D. STREET ADDRESS	(If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORC	ED (Specify) 8. DATE OF BIRTH	9. AGE (In years last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Givehind of 10B. KIND OF BUSINE work done during most of working life, even if retired)	ESS OR II. BIRTHPLACE (State	
13 FATHER'S NAME	14. MOTHER'S MAIDE	J. NAME
Paul Nach	Dorothy Wales	the
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA		ADDRESS
SECON	RITY NO.	
ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	Bronchopneumon braganism u Aspiration Francturity.	ndet!
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	rematurity	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS	OF OPERATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, stre		(If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY WHILE AT WORK	Y OCCURRED 21F. HOW DID INJ	URY OCCUR?
22. I hereby certify that I attended the deceased f deceased alive on 2152 19 and that de		2 36 52, 19, that I last saw the m the causes and on the date stated above.
23A. SIGNATURE 7=10-Hoseu ?1	238. ADDRESS	23c. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE 24C. NAME CO. TION, REMOVAL (Specify)		2 9 1952 (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	25. FUNERAL DIRECT	



50	25	25	BAI	LTIMORE CITY HE	ALTH DEPARTMENT	5.5	2 2505
52 BIRTH NO	ful. /	30		CERTIFICATI	E OF DEATH	Registered	2085 No. 2585
1. NAME C	DE DECEA	SED				Lo DATE	
(Type or Pr			-	L. Gloria		2. DATE OF	1131-
3. PLACE (OF DEATH		- 00	r. 010110	4. USUAL RESIDENCE (Where deceased liver	f institution; residence
A. Baltimo		Maryland			A. STATE	B. COUNTY	before admission)
B. FULL NA		(If not in hospit	al or institut	tion, give street address or location)	113414/16	nd	
INSTITUTION	ON		,,		c. CITY OR TOWN (I	f outside corporate lim	its, write RURAL and give
3.0	119	ERCY	HOS	6	13 a 1 to 150	are 10	66
				Yrs.	o. STREET ADDRESS (If	rural, give location)	
c. ength	of stay in	n Baltimore	4	47 Days	754 41	NNARD	5T.
5. SEX	6. CC	LOR OR RACE		E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years last hirthday) N	Il Under I Year If Under 24 Hours Ionths: Days Hours: Min.
M		4/	1	1	2/4/05	47	Laga Lious min.
10A. USUA	LOCCUPA	TION (Give kind of	TOB. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or I	oreign country)	12. CITIZEN OF
	LA KO	ng life, even if retired)		INDUSTRY	2-1		WHAT COUNTRY
13. FATHER	R'S NAME	pe in			14. MOTHER'S MAIDEN N	AMF	(1,-)
^		101					
	FASED EVE	R IN U.S. ARMEI	105	Las social	Concetta Jep	p1	
(Yes, no or unk	nown) (If	yes, give war or date	s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
(ARI	f-				14 45 6	Recor.	7'5
18.	311			CAUSE	OF DEATH		INTERVAL BETWEEN
DI		CONDITION				E 7 10 D 27 1	ONSE! AND DEATH
(This	does not r	DING TO DEAT	f dving, e. 1	R. (A) CE	REBREL H	e morrhas	100
heart	failure, ast	henia, etc. It mea lication which c	ns the diseas	se.			**************************************
				.,			
	ANTE	CEDENT CAUS	ES	11	fler tea.		
		CONDITIONS, I		NG /	The state of the s	5 / 9 /	
RISE	TO THE AB	OVE CAUSE (A)	STATING TH	HE OUE TO			
0				(C)			
		11					
		ICANT CONDI					
TRIBU	TING TO THE DISEASE	HE OEATH, BUT	NOT RELATE	ED			
				FINDINGS OF OPER	ATION		20. AUTOPSY?
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \							YES NO
= 21A. AC		WAS UNDER.		ACE OF INJURY (e. g., in		If in Baltimore City,	give exact location)
	OF DEAT	ITRIBUTING []	about home,	farm, factory, street, office bldg., e	tc.) INJURY OCCUR?		
Σ		(Day) (Year)	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID INJUR	Y OCCUR?	
INJ		., (= -3, (+,	` ′	WHILE AT NOT WHILE			
			m.	WORK AT WORK	<u> </u>		
22. I h	ereby eer	tify that I att	ended the	deceased from 3	195 7 to	3/13 , 194	2, that I last saw the
deeeas	ed alive o	n 3/03	, 1952	and that death occur	red at 6 m., from t	he causes and on	the date stated above
23A. SI	SNATURE	0	- /		3B. ADDRESS	11 .	23c. DATE SIGNED
C	- 10.	dule	and	м. о.	marcy/	1056	3/13/52
24A. BURI TION, REMOV				24c. NAME of CEMETE	RY OR CREMATORY 24D. L	OCATION (City, tow)	n, or county) / (State)
Ru 7 1	al	March	17/52	New Cathedr	al Cemetery Ol	ld Frederi	ck Rd. Balt.M
DATE RECI		REGISTRAR	SSIGNATI		20 FUNERAL DIRECTOR		ADDRESS
AAAD 1	GISTRAR	Hunt	water	MILICIAN ACT	5100000	11000 70	2 S. High St.
WARL	0 1357	70000	1	HALLES COM, 187	granic goder	more de	z o.nigh ot.
VS 15	50		U	26	1 As		
				290	10/7		



Registered No. 2086

2586 I. NAME OF DECEASED ANGELINA DOVI 2. DATE (Type or Print) OF DEATH March 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or C. CITY OR TOWN (If outside corporate limits, write RURAL and give maryland Genera 1 Haspita INSTITUTION township) (If rural, give location) D. STREET ADDRESS woodinglan Rd # 29 gth of stay in Baltimore Days 6. COLOR OR RACE 9. AGE (in years) AGE (in years | Il Under | Year | If Under 24 Hours last birthday) Months Days Hours Min. 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify remole warried January 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF rork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Hause wife 13. FATHER'S NAME MAIDEN NAME Serafina Di Bianco Giuseppe D'Angelo

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
Yes, no or unknown) (If yes, give wer or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Joseph Dovi Woodington MO NTERVAL BETWEET CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH of Right frost (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUF TO (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED 回 TO THE DISEASE OR CONDITION CAUSING IT. U 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? E INJURY NOT WHILE WHILE AT AT WORK 22. I hereby certify that I attended the deceased from 3 , 1952 that I last saw the _, 19.52 and that death occurred at 2.30 deceased alive on 3/14 m., from the eauses and on the date stated above. 23A. SIGNATURE land a sural Hospila 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR 24D. LOCATION (City, town, or county)

New Cathedral Ceme. March

OldFrederik Rd. Balt.Md

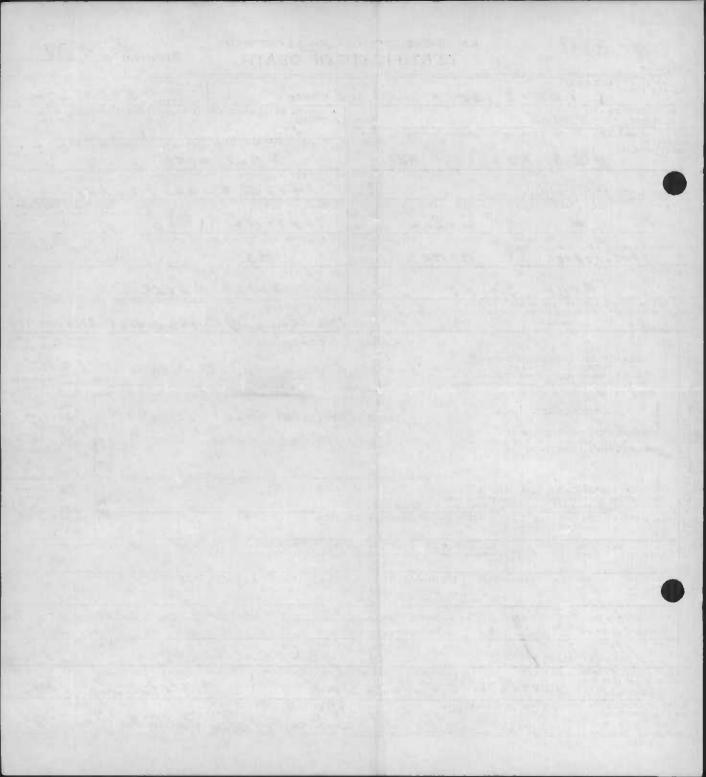
DATE RECEIVED BY REGISTRAR'S SIGNATURE

LOCAL REGISTRAR 322 S. High St.

Act of the state o Burgary Carlotte Box Street Carlotte Company of the Carlotte Carlotte Company

Registered No. 2587

BIR	TH NO.										
	NAME OF D		ZABE	TH R.	GE	SSNER		2. DATE OF DEATH	3 - / .	ى - 3	~~
A. I		EATH: City, Maryland OF (If not in hosp.	ital or instituti	on give etreet oddy	A	STATE	NCE (Whe	B. COUNT			residence e admission)
HO:	SPITAL OR TITUTION	413 S. A		loca		CITY OR TOWN	(If ou	tside corporate	limits, wr	ite RUR.	AL and give
	anoth of s	tay in Baltimore		1	Yrs. Company of the Mos. Days	STREET ADDRE	SS (If ru		-	vć.	
5. 9		6.COLOR OR RACE	WIDOW	MARRIED. ED, DIVORCED (S)	8	. DATE OF BIRTH	9	AGE (In year last birthday)	s If Under	I Year I	it Under 24 Hours Hours Min.
IOA vork d	one during most o	CUPATION (Give kind of working life, even if retired & KCENER	1)	OF BUSINESS O		I, BIRTHPLACE (S		ign country)		CITIZEI	N OF COUNTRY
13.	FATHER'S N	NOHN.	SMITH		1	4. MOTHER'S MA		STER			
15. (Yee,	WAS DECEASE no or unknown)	D EVER IN U. S. ARMI	ED FORCES?	16. SOCIAL SECURITY N	10.	7. INFORMANT	IB,	ooks. 4	ADDR		TA AYE
	(This does	SE OR CONDITION LEADING TO DE, not mean the mode re, asthenia, etc. It m complication which	of dying, e. geans the disease caused death	(A) C	SE OF	nary (Tel	Usine		ONSET /	L BETWEEN AND DEATH
ERTIFICATION	OTHER S	S OR CONDITIONS, THE ABOVE CAUSE (A VING CONDITION I SIGNIFICANT CONE S TO THE DEATH, BUT ISEASE OR CONDITION	DITIONS CONT NOT RELATE	(C)	. 04	greeties	sey			N. d.	pos
AL -				FINDINGS OF	OPERAT	ION				20. AL	JTOPSY?
MEDIC	21a. ACCIDE HOMICIDE	NT. SUICIDE, (Specify)	21B. PLA about home, fo	CE OF INJURY (arm,factory,street,office	e. g., in or bldg., etc.)	21c. WHERE D		n Baltimore Ci	ity, give	exact lo	cation)
	INJURY	(Month) (Day) (Year			WHILE ORK	21f. HOW DID		OCCUR?			
		y certify that I at live on 3/13	A COUNTY OF THE PERSON NAMED IN	deceased from and that death of	occurre	d at, 19 3 °		eauses and c	on the de	ate sta	st saw the ted above.
	BURIAL O	CREMA: 24B, DATE		M. E	. 3	4320 20 OR CREMATORY	24D. LOC	CATION (City, t		似的	(State)
	REMOVAL (S	el 3-17.	- ~ ~	Lorrain	1 G	DEUNERAL DIRE		alts. Con	unty	DRESS	ml,
	CAL REGIST		inton A	Misure, M	2	errye A.F.	110	Fulton a		4	454.
	VE 150		/3			-	/			V	

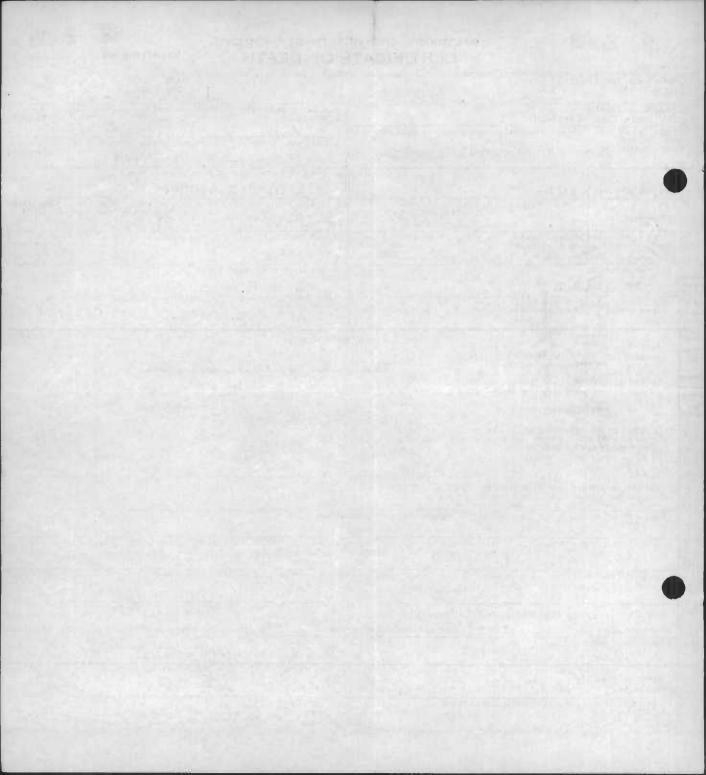


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BALTIMORE CITY HEALTH DEPARTMENT

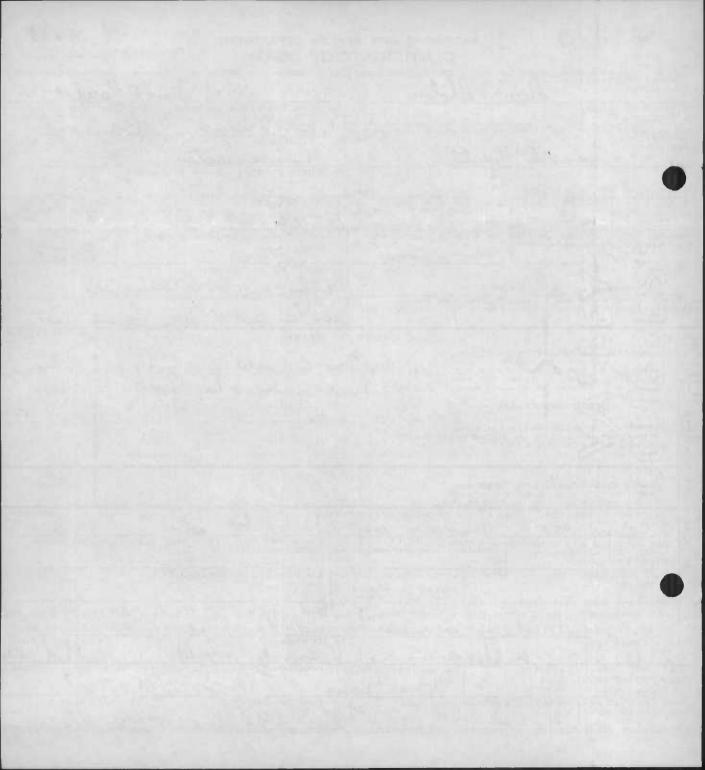
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nictored Ma	

B	IRTH NO.	CERTIFICAT	E OF DEATH	Registered No.
1.	NAME OF DECEASED 'ype or Print) VINCE	ENT J. MCHENRY		DATE OF DEATH 3-14-52
A.	PLACE OF DEATH: Baltimore City, Maryland	X	4. USUAL RESIDENCE (Where	deceased lived, if institution; residence B. COUNTY hefore admission
H	OSPITAL OR	talorinstitution, give street address or location) Morial Hospital		le corporate limits, write InURAL and give township
c.	Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If rural, 1312 Linden Ave	give location)
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify) SINGLE			3-24-1873 9.4	AGE (In years M Under I Year M Under 24 Hours Min.
	A. USUAL OCCUPATION (Give kind of k donoringing most of working life, even if retired)		11. BIRTHPLACE (State or foreign	country) 12. CITIZEN OF WHAT COUNTRY
13	Michael J. McHe	enry	14. MOTHER'S MAIDEN NAME Ellen M.	
(Ye	5. WAS DECEASED EVER IN U.S. ARMEE e, no or unknown) (If yee, give war or dated	D FORCES? es of Bervice) 16. SOCIAL SECURITY NO.	Jenkins Mem.Hosp	t. 1000 Caton Ave,
CATION	DISEASE OR CONDITION LEADING TO DEA' (This does not mean the mode of heart failure, asthenia, etc. It mea injury or complication which of ANTECEDENT CAUS DISEASES OR CONDITIONS, I RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	DIRECTLY ATH of dying, e. g., ans the disease, caused death.) SES (B) (B) STATING THE DUE TO	of DEATH alized Cavenon cinom of Com	INTERVAL BETWEEN ONSET AND DEATH
CERTIF	OTHER SIGNIFICANT CONDITIONS TO THE DESEASE OR CONDITION	NOT RELATED		
٦		19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
1EDICA	21A. ACCIDENT. SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,	m or 21c. WHERE DID (If in I etc.) INJURY OCCUR?	Baltimore City, give exact location)
M	21D. TIME (Month) (Day) (Year) INJURY 22. I hereby certify that I att	m. WHILE AT NOT WHILE AT WORK	7/5 , 1957, to 3/14	, 19\$7, that I last saw the
-	deceased alive on 23A. SIGNATURE 4A. BURIAL CREMA- 24B. DATE		SL. Ugnes Hosp	uses and on the date stated above 23c. DATE SIGNED 27, 4 5 2 10N (City, town, or county) (State)
TI	Surel 3-17-	52 Cathedra	P Cear. Sa	lts. Ind.
	ATE RECEIVED BY REGISTRAR OCAL REGISTRAR	'S SIGNATURE	25. FUNERAL DIRECTOR	Fulton and Fagetts,
	110 100	A CONTRACTOR OF THE CONTRACTOR	. /	



	J 11/13/	000
Registered	No	

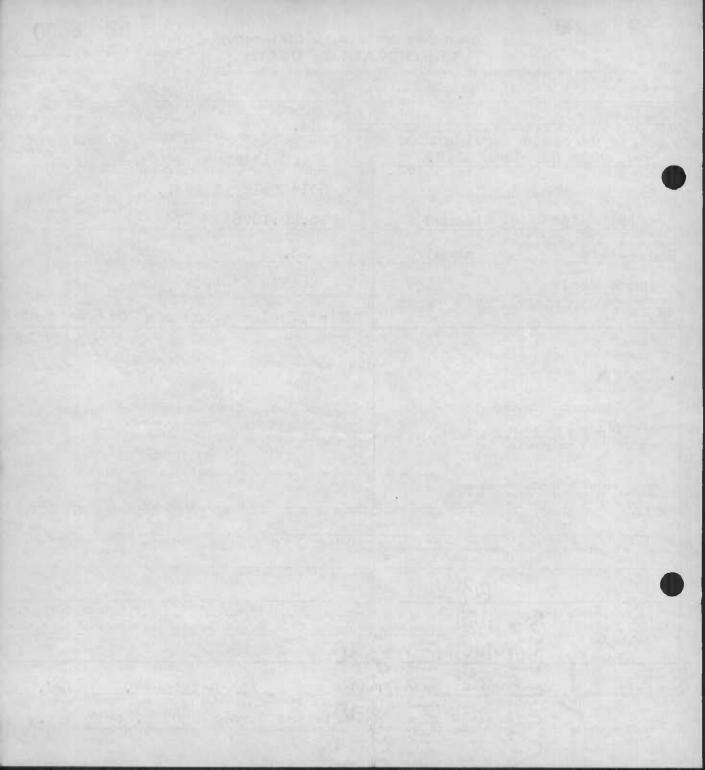
BI	RTH NO.						
(T	1. NAME OF DECEASED Doris. J. Photen 2. DATE OF DEATH 15 Harel 1952					Yarel 1952	
Α.	PLACE OF DEATH: Baltimore City, N	faryland	0	on, give street address or	4. USUAL RESIDENCE A. STATE Mey le	B. COUNTA	institution: residence before admission)
H	OSPITAL OR		11 - 4	location)	C. CITY OR TOWN	(If outside corporate limit	s, write RURAL and give township)
	CVIII	wessily	Hypria	Yrs.	Memes	recer	
	Length of stay in	Baltimore	V	Mos. Days	D. STREET ADDRESS	(If rural, give location)	5609
	F	OR OR RACE	WIDOW	. NARRIED. ED, DIVORCED (Specify)	10-4-192	1 24 yrs	f Under 1 Year If Under 24 Hours nths Days Hours Min.
10 worl	A. USUAL OCCUPAT	10N (Give kind of glife, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign count ()	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME			a norwe	14. MOTHER'S MAIDE	N NAME	COOM
		· Daw	er		mayorie	Worthing	tou
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 17. INFORMANT					DDRESS		
	18. 2 2 A V	700		CALISE	OF DEATH	Museu Me	INTERVAL DEPARED
	18. 330 X	CONDITION	DIRECTLY	A A	OF DEATH		ONSET AND DEATH
		ING TO DEAT	TH	Kusti	and consisted	CLANGERMAN	12 has
	heart failure, asth	enia, etc. It men	ns the disease			+ 12	
				DUE TO and	un cerebral a	may were	
7	ANTEC	CEDENT CAUS	SES	/ms			
O N	DISEASES OR C	ONDITIONS, I	F ANY, GIVIN	G			***************************************
AT	UNDERLYING C	CONDITION LA	STATING TH				
FIC	Q (c)						
	OTHER CICNIE	II COND	710116				
	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
U	19A. DATE OF OPE			FINDINGS OF QPER	RATION		20. AUTOPSY?
AL	15 M and	1952	anu	vision right	ant cerets	e entere	YES X NO
IEDICAL	21A. ACCIDENT W LYING OR CON' CAUSE OF DEATH	TRIBUTING		CE/OF INJURY (e.g., i arm, factory, street, office bldg.,		(If in Baltishore City,	give exact location)
2	ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?						
	INJURY		m. V	WORK NOT WHILE			
	22. I herehu cert	ify that I at	ended the	-	March 1952 to	15 Hard 1952	that I last saw the
leceased alive on 15 Men, 1952, and that death occurred at 22 Pm., from the causes and on the date stated above							
	234. SIGNATURE		0.1		3B. ADDRESS	11 14	23c. DATE SIGNED
		vary. de	Chaus	M.D.	University 1	tryple	16 Hard 1952
710	BURIAL, CREMA-	MACIN 19	1.00 =	MANAGE OF CEMETE	RY OR CREMATORY 24	D. LOCATION (City, town	or county) (State)
D	ATE RECEIVED BY	REGISTRAR	SBIGNATU	RE.	25. FUNERAL DIRECT	OR	ADDRESS
LC	DCAL REGISTRAR	Hunti	4-51	Vilians M.S.	Les ali	Ston Ham	piterd.
	WS 150 1332	1	0		/	/	niel



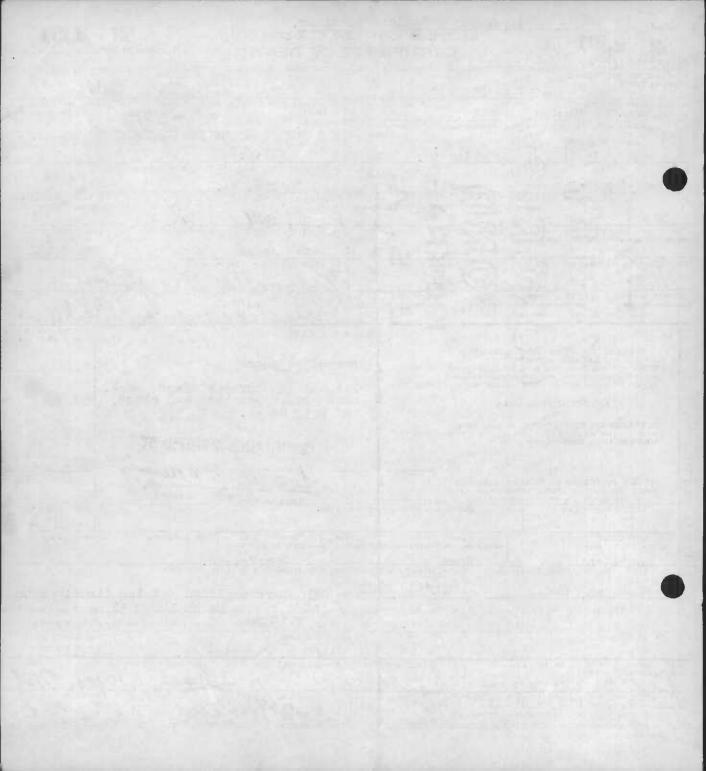
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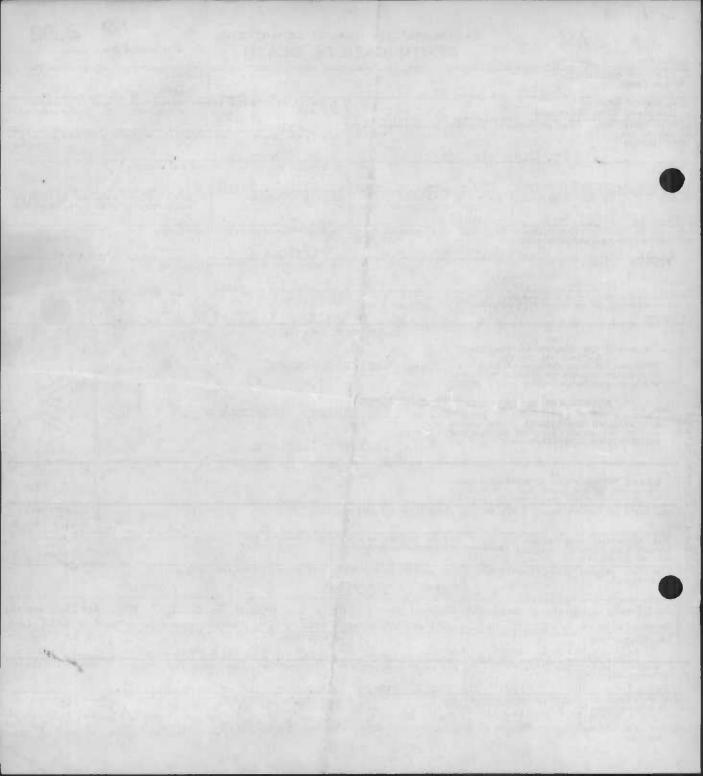
BIRTH NO.	CERTIFICATI	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print)	ce N. Edwards	. 2. DATE OF March 15 1952
3. PLACE OF DEATH: A Baltimore City, Maryland B. FULL NAME OF (If not in hospite	a) or institution, vive street address or	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
HOSPITAL OR Garrison	Nursing Home location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
2803 Garri	74 Yrs. Mos.	Baltimore (. D. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE Female White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 9. AGE (In years light Under 1 feat Months Days Hours Min. 74
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Md. 12. CITIZEN OF WHAT COUNTRY?
James Neely		Mollie Maxton
15. WAS DECEASED EVER IN U. S. ARMED (Yes, no or maknown) (If yes, give war or dates	of service) 16. SOCIAL SECURITY NO. NON O	17. INFORMANT ADDRESS Miss Thelma N. Edwards 3014 Belmont A
DISEASE OR CONDITION LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which of the complex of th	DIRECTLY TH of dying, e. g., ms the disease, caused death.) DUE TO SES (B) F ANY, GIVING STATING THE UST. (C) CTIONS CON-	of DEATH ere bro Vascular Horidan Jaestensiva arteriosokrotis Many year ardiovascular Disasteratio
U TO THE DISEASE OR CONDITION		20. AUTOPSY? YES NO
HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,	tc.) INJURY OCCUR?
D. TIME (Month) (Day) (Year)	(Hour) 21E. INJURY OCCURR MHILE AT NOT WHILE WORK AT WORK	
22. I hereby certify that I att deceased alive on March 19 23A. SIGNATURE	195 and that death scour	, 194, to Mark 5, 195, that I last saw the cred at 9:17 m., from the causes and on the date stated above. 13B. ADDRESS 1039 DX Paul DX 23C. DATE SIGNED
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	24c. NAME OF CEMETE	
Burial 3-18-1 DATE RECEIVED BY REGISTRAR LOCAL REGISTRAR	952 Loudon Parls signature	Baltimore, Md. 25 FUNE AL DIRECTOR D ADDRESS 3. Howard Strong 3207 W. North Ave.,



erits .	35	R	eleased	Ry Medica	al Ex	aminer.	~	50	2:01		
	52 2	2910	BA			ALTH DEPARTMENT OF DEATH	NT Register	ed No_	2591		
В	RTH NO.	Ion Kes.		CERTIFI	CATI	OI DEATH					
	NAME OF D		ry Dau	ghton			2. DATE OF DEATH	7/14	/52		
Α.	PLACE OF D Baltimore (City, Maryland	Balto.	tion, give street ac	daga or	4. USUAL RESIDENCE A. STATE Md.	(Where deceased live		tution: residence before admission)		
H	DSPITAL OR	St. Jose	ph's Ho	sp.	ocation)	c. CITY OR TOWN	(If outside corporate	limits, wri	ite RURAL and give township)		
	noth of s	tay in Baltimore	Carolii	ie St.	Yrs. Mos.	o. STREET ADDRESS		n) _	0.0		
5.	SEX	6. COLOR OR RACE		E, MARRIED, VED, DIVORCED	Days (Specify)	Sparks, M	9. AGE (In year	rs H Under Months	Year H Under 24 Hours Days Hours Min.		
-10	Male	Colored		S		May 24, 1948	12				
worl	done during most o	CUPATION (Give kind of of working life, even if retired)	108. KIND		OR	11. BIRTHPLACE (State of		1	CITIZEN OF WHAT COUNTRY: SA		
13	Mars N	IAME SAI	inal	es s		MAR LOTTE	NAME OF A	lito	21/		
15 (Ye	. WAS DECEASE, no or unknown)	D EVER IN U.S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY	/ NO.	17. INFORMANT	Day O. F.	ADORE	ESS 1010		
	770	1 0				mornery,	vecy wy	y ZHI	INTERVAL BETWEEN		
Н	18.	6.0			USE	OF DEATH			ONSET AND DEATH		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of duing e.g. (A) Shock										
	(This does not mean the mode of dying, e.g., (A) SLIOCK heart failure, asthenia, etc. It means the disease,										
	injury or	complication which	s of face, n	ieck.							
		ANTECEDENT CAU	SES	th arms, upper	back and che	st,					
Z				(B)	nd both knees.	****					
ERTIFICATION	RISE TO T	OR CONDITIONS. HE ABOVE CAUSE (A) VING CONDITION L	STATING T	NG HE OUE TO	CERTIFICATION	APPROVED BY					
FIC				(C)		DENTITION OF	1 1	1.			
Ē		11				1 1	L. Mille	w			
日田	TRIBUTING	IGNIFICANT COND	NOT RELAT	EO		Stanley	10				
U		F OPERATION		FINDINGS OF	OPER	CHIEF OR ASST N	EDICAL EXAMINERS		20. AUTOPSY?		
7	ISA. DATE O	, OF EKATION	ISB. MAJON	PHADINGS OF	OF ER	ATTON		4 5 1	YES NO P		
EDICAL		NT, SUICIDE. (Specify)		ACE OF INJURY			(If in Baltimore C	ity, give e			
ME	Acci			me		Sparks					
۲	210. TIME (Month) (Day) (Year	(Hour)	21E. INJURY O		1	URY OCCUR?				
K	March	14. 1952	m.	WHILE AT NO	T WORK	Plots stove em	oloded set i	ne fir	re to room		
		y eertify that I at	tended the	deceased from	7	3/14/52 19 to	March 14 ,	1952 th	at I last sam the		
	deceased al	7/91./	529			red at 7:15 m Myron	m the causes and	on the de	ite stated above		
	23A. SIGNAT		11/1	170 -0		3B. ADDRESS			C. DATE SIGNED		
		1	2121	leler "	. 0.	1400 N Carol	ine St.		7/14/52		
	A. BURIAL, C			24C NAME OF	EMETE		. WOGATION Wity,	town ar co	ounty) (State)		
110	N REMOVAL (S	13-17-	52	X 4-111	2/01	ales 1	MAKE	104	My Mill		
	TE RECEIVE		'S SIGNATI	IRE.	1	26. FUNERAL DIRECTO	APO /	// ADJ	PRESS		
	CAL REGIST		vator 1	Alle Vis	RET	1 KAZIKE	mother Xh	1006	1 mid.		
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	VS 150	0.10	9	*			/				
	N	948.00									



24						
	0.00	DAI	TIMORE CITY US	EALTH DEPARTMENT	. 52	2592
52	2592			E OF DEATH	Registered No.	1-12115
BIRTH NO.			OLIVIN IOATI	L OI DEATH		
1. NAME OF (Type or Print)		eton, Lot	tie		2. DATE OF	1000
B. PLACE OF	DEATH:	Alexa.			(Where deceased lived. If ins	
a. Baltimore B. FULL NAMI	City, Maryland E OF (If not in ho		on, give street address or	A. STATE Maryland	B. COUNTY	before admission)
HOSPITAL OR			location)		If outside corporate limits, v	vrite RURAL and give township)
11.1	St. J	oseph's H		Baltimore	8-0	/
•	4 . D. W.		Yrs. Mos.	o. STREET ADDRESS (
o Agth of	stay in Baltimor		ears Days	1712 E. Bidd		lor 1 Year H Under 24 Hours
900		WIDOW	ED, DIVORCED (Specify)		last birthday) Month	ns Days Hours Min.
Female IOA. USUAL O	CCUPATION (Give kin	Marr	OF BUSINESS OR	9/19/1906 11. BIRTHPLACE (State or	foreign country) 12	C. CITIZEN OF
ork done during mod	st of working life, evan if ret		INDUSTRY	Virginia		WHAT COUNTRY?
13. FATHER'S	NAME	Legio	Rest.	14. MOTHER'S MAIDEN		d.L.
	Unkown		1001.	Sally Ta	ylor	
15. WAS DECEA	SED EVER IN U. S. AR	MED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		RESS
10			SECONTI NO.	Walter Single	ton 1712 F. 3:	iddle St
18. 5//	X		CAUSE	OF DEATH		INTERVAL BETWEEN
DISE	ASE OR CONDITION					
	es not mean the mo lure, asthenia, etc. It	de of dying, e. g		ral anoxemia		
	er complication which					
	ANTECEDENT C	AUSES	Poeni	ratory obstructi	on	
	ES OR CONDITION		G	ratory obstructi	.011	
	THE ABOVE CAUSE LYING CONDITION			onsillar abscess		
			(C) & CA.A.O	~		
OTHER	SIGNIFICANT CO	NDITIONS CON	la.			
TRIBUTI	NG TO THE DEATH, E	SUT NOT RELATE	D			
/	OF OPERATION		FINDINGS OF OPER	RATION		20. AUTOPSY?
5						YES NO X
	DENT WAS UNDER OR CONTRIBUTING F DEATH		CE OF INJURY (e. g., i arm, factory, at reet, office bldg.,		(If in Baltimore City, give	e exact location)
21b. TIME	(Month) (Day) (Y	ear) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJU	RY OCCUR?	
O INSOR		m.	WHILE AT WORK AT WORK			
22. I here	by eertify that I	attended the	deceased from Mar	ch 13, , 1952, to 1	Warch 13 , 19 52	that I last saw the
deccased	alive on March	13, 19_52.	and that death occur	rred at 12:58pm., from	the causes and on the	date stated above.
23A. SIGN	ATURE	11.		38. ADDRESS		23c. DATE SIGNED
24A. BURIAL.	CHEMA- 24B, DAT	E/Sed	M. O. 24C. NAME OF CEMETE	RY OR CREMATORY 240.		county) (State)
24A. BURAL,	(Specify)	1050	Mt Calvery		rooklyn Md.	
DATE RECEIV	ED BY REGISTR	AR'S SIGNATU		25 FUNERAL DIRECTOR		DDRESS
MAR 16	1957 7/m	tanglowed	Virsiacus, M.P.	Charge o Whi	lam 1000 Bi	ently and
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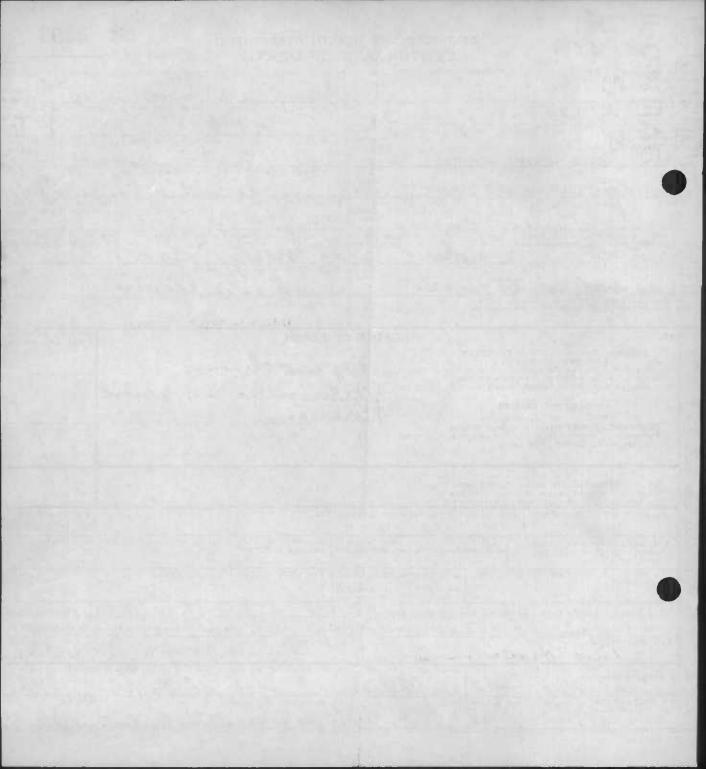
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BALTIMORE CITY HEALTH DEPARTMENT

52 2593

BIRTH NO.	CERTIFICATE OF DE	AIH Registered No.	
1. NAME OF DECEASED (Type or Print)	100 /1/0 At-P.	2. DATE OF DEATH MAN	1.5 15 62
3. PLACE OF DEATH: A. Baltimore City, Maryland	A USUAL R	ESIDENCE (Where deceased lived, If inst	itution: residence before admission)
B. FULL NAME OF (If not in hospital or instit HOSPITAL OR INSTITUTION	dution, give street address or location)	TOWN (If outside corporate limits, w	rite RURAL and give township)
JOHNS HOPKINS HOS		Baltimor	-Cownship)
ngth of stay in Baltimore 507	Yrs. Mos. Days	ADDRESSO (If nural give Reation)	& apto
5. SEX 6. COLOR OR RACE 7. SING	ELE, MARRIED. DWED, DIVORCED (Specify) B. DATE OF	BIRTH AGE (In years li Under last birthday) Months	r I Year II Under 24 Hours Days Hours Min.
10A. USUAL OCCUPATION (Give kind of occupant of the during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	ACE (State or foreign country) 12:	CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	mar sand	Flankem	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war nr dates of service)			RESS
DISEASE OR CONDITION DIRECTL LEADING TO DEATH (This does not mean the mode of dying, of henrt failure, asthenia, etc. It means the dise injury or complication which caused des ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	CAUSE OF DEATH Y P. B., (A) PRINCE (B) (B) (CAUSE OF DEATH A PRINCE (CAUSE OF DEATH (A) (A) (B) (CAUSE OF DEATH (A) (CAUSE OF DEATH (C	sclersis gertze	INTERVAL BETWEEN ONSET AND DEATH
OTHER SIGNIFICANT CONDITIONS C TRIBUTING TO THE OEATH, BUT NOT RELA TO THE DISEASE OR CONDITION CAUSING	TED		
19a. DATE OF OPERATION 19B. MAJO	OR FINDINGS OF OPERATION		YES NO
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about hom	LACE OF INJURY (e. g., in or le, farm, factory, street, office bldg., etc.)		exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY m.	21E. INJURY OCCURRED 21F. HOV	V DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased alive on 3 - 15 - 19	/ 1%	1953, to 3 / 5 , 1952, the man from the causes and on the causes	77
23A. SIGNATURE Louis Hamourg	238. ADDRESS	2	hat I last saw the late stated above
24A. BURIAL, CREMA- 24B. DATE	M. C	NS HOPKINS HOSPITAL	
DATE RECEIVED BY LANGISTRAR'S SIGNA	24C. NAME OF CEMETERY OF CREMA' BOX Helicus Actuar Ture L-25 PUNERA	TORY 240. LOCATION (City, town, or o	late stated above 3c. DATE SIGNED 3-/5-52



6	1								
	52	259	i			EALTH DEPARTMENT OF DEATH	NT Registe	52 red No.	2594
В	IRTH NO.				CERTITION I	L OF DEATH			
1.	NAME OF D Type or Print)	ECEASED -	TACI	OB	TUBIN	15164	2. DATE OF DEATH	3-16	-52
A.	Baltimore (city, Mary				4. USUAL RESIDENCE			ution : residence before admission
H	FULL NAME OSPITAL OR ISTITUTION	OF (11 no	Leg /	or instituti	on, give street address or location)	c. CITY OR TOWN	(If outside corporate	e limits, wri	te RURAL and give
	O,	0000	Mer	sear	Irrae	- Walun	wee,	/3-	70
	ngth of s	tay in Balt			Yrs. Mos. Days	2313 Che	Clarification of the control of the	Ter	race
5.	(ale	6. COLOR C	RACE 7	SINGLE WIDOW	, MARRIED. ED, DIVORGED (Specify)	8. DATE OF BIRTH	9. AGE (in yes		Days Hours Min.
10	A. USUAL OC	CUPATION (working life, ey	Give kind of 1	OB. KIND	OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)		CITIZEN OF WHAT COUNTRY
13	HATHER'S	IAME /	SOY!	wy	underwriters	14. MOTHER'S MAIDER	N NAME		0
1/5	S. WAS DECKASE	D EVED IN II	C ADMED C	ODCECS I	16. 600141	Hopine			
Ye	n, no or unknown)	(If you, give	war or dates of	service)	16. SOCIAL SECURITY NO.	17 INFORMANT	Xul.	ADDRI	ess A
	18. 1499	~		- 7 -	CAUSE	OF DEATH	Suran	11 -	NTERVAL BETWEEN
	710	E OR CON	I DITION DI	RECTLY	(6).	L.	A .	1	DNSET AND DEATH
	(This does		TO DEATH	dying, e. g.	· Worm	myotypica	LAMMAN	mu.	4 lup
		complication				10	U		
7		ANTECEDE	NT CAUSES	6				1 500	
2	DISEASES	OR CONDI	TIONS, IF A	NY, GIVING	(B)	***************************************	***************************************		••••••••••••••
A	UNDERLY	ING COND	ITION LAST		(C)				
2					(0)				
=	OTHER S	I IGNIFICAN		ONS CON					
1		TO THE DEA							
	19A. DATE O	F OPERATION	ON 198	. MAJOR	FINDINGS OF OPER	ATION			20. AUTOPSY?
S P				01			(14) 10 10		YES ND X
VEDI	LYING OF	CONTRIBL			CE OF INJURY (e. g., i rm,factory,street,office bldg.,		(If in Baltimore (City, give e	exact location)
<u>_</u>	21D. TIME (Month) (Da	y) (Year) (I	Iour) 2	IE. INJURY OCCURR	ED 21F. HOW DID INJ	URY OCCUR7		
					WORK NOT WHILE				
	22. I hereby	y certify th	at I atten	ded the	deceased from 3	11 , 1952, to	3 16	19 P, the	at I last saw th
	deceased al		12	19 2 0		red at 6 /t m., fro	m the causes and		
	Z3A) SIGNAT	Ja.	Rett	tr	M. D.	3408 Wind	en Aul	3	C. DATE SIGNED
TI	AM BURIAL, C		- 17-1	12 2	Oct To	RY OR CREMATORY 24	D. LOCATION (City,	town, or co	unty) (State)
	ATE RECEIVED		ISTRAR'S	SIGNATU	RE .	25. FUNERAL DIRECTO	OR (2)	ADI	PRESS RO
1	IAR 1 7'11	52	Innling	elon 1	Villaurs- Mg	the perod	object 210	000	eitaw/li
	VS 150		U		3(4)	72			
					- / /	- Administration of the second			

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В	IRTH 18:	2095	CERTIFI	CAT	E OF DEATH Registered No.)
1 ('.	NAME OF Type or Print)		W. Bryant		2. DATE OF DEATH 3/15	5/52
A		City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If in B. COUNTY	
Н	FULL NAME OSPITAL OR NSTITUTION	100 E. Cr	al or institution, give street ac	dress or ocation)	c. CITY OR TOWN (If outside corporate limits, Baltimore	write RURAL and give
		stay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 100 E. Cross St.	
	. sex	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED Widowed	(Specify)	Oct. 6, 1867 8. DATE OF BIRTH Oct. 1867 9. AGE (In years list birthday) Mont	der I Year II Under 24 Heurs hs: Days Hours Min.
WOI	Cari	CCUPATION (Give kind of of working life, even If retired)		USTRY	Philadelphia, Pa.	2. CITIZEN OF WHAT COUNTRY
10	B. FATHER'S	Unknown			14. MOTHER'S MAIDEN NAME Unknown	
1! (Ye	5. WAS DECEAS	(If yes, give war or dates	FORCES? 16. SOCIAL SECURITY	NO.	36	RESS Cross
RTIFICATION	(This doe heart failt injury or DISEASE RISE TO UNDERL	SE OR CONDITION DEAT NOT LEADING TO DEAT NOT NOT TO DEAT NOT TO DE	ff dying, c. g., (A)	- 0 - 6	Caralpsis J-entro boty. (ascending) Verino Schoos Verino Schoos Verino Stypelanons	- 3mm
L C E	TO THE D	TO THE DEATH, BUT I	NOT RELATED CAUSING IT 98. MAJOR FINDINGS OF	OPER	ATION	20. AUTOPSY?
EDICA		DENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLACE OF INJURY about home, farm, factory, street, off	(e. g., in lice bldg.,et	or 21c. WHERE DID (If in Baltimore City, give	YES NO Z
2	TIME INJURY	(Month) (Day) (Year)	WHILE AT NO	CURRE T WHILE T WORK	21F. HOW DID INJURY OCCUR?	
2/		live on Manhy	ella me	oecur	red at -931 m., from the eauses and on the BB. ADDRESS To g Inllaw 'I	315/52
TIC	Burial	3/18,	/52 Hóly	Cros		У
L	TE RECEIVE DCAL REGIST MAR 171 VS 150	RAR Huntin	gton Waliams,	M	John -	DDRESS Light St.

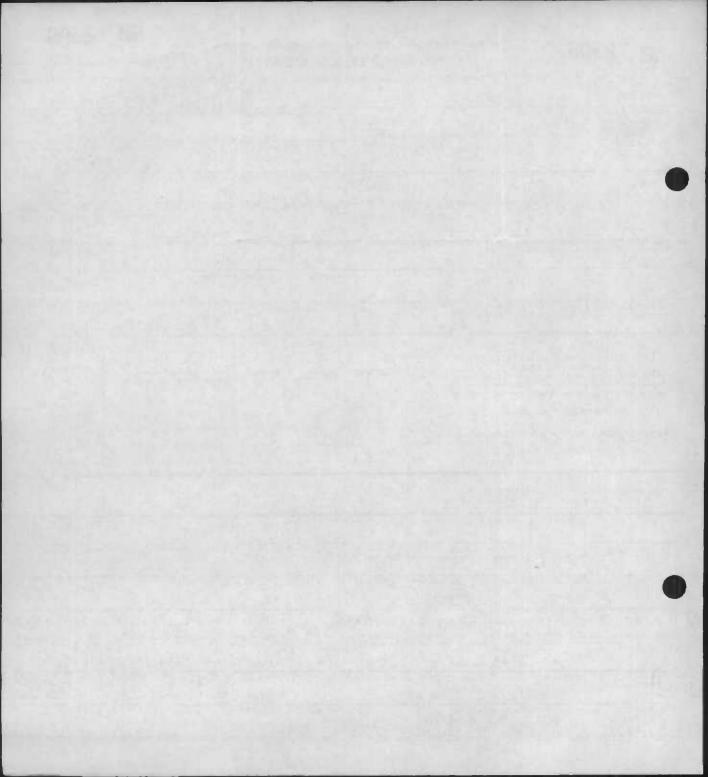
See Document File 52-2595 3/27/52 ES

1279 June St. 10:30 70 12:90

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52 2593

BIRTH NO.	CERTIFICAT	E OF DEATH Registered N	0
1. NAME OF DECEASED (Type or Print)	S THEODORF PAULS	2. DATE OF DEATHMETCH	15. 1952
a. Baltimore City, Maryland 35		4. USUAL RESIDENCE (Where deceased lived. If i A. STATE B. COUNTY Maryland	institution: residence before admission
c. Length of stay in Baltimore	Yrs. Mos.	D. STREET ADDRESS (If rural, give location) 3524 F. Baltimore St.	1-1
5. SEX 6. COLOR OR RACE Male White 10A. USUAL OCCUPATION (Givekinded)	WIDOWED, DIVORCED (Specify Married	8. DATE OF BIRTH Oct. 31, 1898 9. AGE (In years last birthday) 52	nths Days Hours Min
work done during most of working life, even if retired) Becuticien 13. FATHER'S NAME	Beauty shop		12. CITIZEN OF WHAT COUNTRY
John Pauls 15. WAS DECEASED EVER IN U.S. ARMEI (Yes, no or unknown) (If yes, give war or date No.	D FORCES? 16. SOCIAL SECURITY NO.	Mary Sauer 17. INFORMANT Mrs. Nellie Pauls 3524 E. Ba	odress 1timore St.,
DISEASE OR CONDITION LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. If meaninjury or complication which complication will be complicated by the complete of th	DIRECTLY TH of dying, e.g., ins the disease, caused death.) DUE TO SES (B) (B)	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
OTHER SIGNIFICANT CONDI	NOT RELATED		
19a. DATE OF OPERATION 1	98. MAJOR FINDINGS OF OPE	RATION	YES NO
LYING OR CONTRIBUTING CAUSE OF DEATH TIME (Month) (Day) (Year) NJURY 22. I hereby certify that I att deceased alive on Mark 13	m. WHILE AT NOT WHILE AT WORK at WORK ornded the deceased from M., 19 , and that death occu	RED 21F. HOW DID INJURY OCCUR?	that I last saw the
24a. BURIAL, CREMA- TION, REMOVAL (Specify) Burial DATE RECEIVED BY REGISTRAT	24c. NAME OF CEMETE	Coleate, Md.	ADDRESS
LOCAL REGISTRAR	ington Williams My	Plirich runeral home 2008 Urle	



Registered No.__

BIKIN NO.						
1. NAME OF D (Type or Print)	ELS IE	L.	GREENWOOD		2. DATE OF DEATH M	AR:13:1952
3. PLACE OF D	EATH: City, Maryland			4. USUAL RESIDE	ENCE (Where deceased live B. COUNTY	
HOSPITAL OR	OF (If not in hospit	al or institut	tion, give street address or location)	Maryland		limits, write RURAL and give
INSTITUTION	3308 Lerch	ATE.		Baltimor		township)
) Joo Berei.	WAG.	Yrs.		SS (If rural, give location	1)
c. Length of s	tay in Baltimore		Mos. Days	3308 Lex	ch Ave.	
5. SEX	6. COLOR OR RACE	7. SINGL	E, MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In year	s If Under 1 Year If Under 24 Hours Months: Days Hours: Min.
Female	White		dowed	2-12-188		Months Days Hours Min.
10A. USUAL OC	CUPATION (Give kind of		O OF BUSINESS OR	11. BIRTHPLACE (S	State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Housew 13. FATHER'S		At	Home		Maryland	Usa
13. FATHER'S	VAME			14. MOTHER'S MA		
Henry .	A. Seitz			Augusta	C. Heiland	
(Yes, no or unknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No.	****	分件分	None	Earl R.	Uhlhorn-3308	Lerch Drive
18. 42	2.1		CAUSE	OF DEATH		INTERVAL BETWEEN
DISEAS	SE OR CONDITION	DIRECTLY	EL	T R1	1 - P. M	_ 7, ,
(This does	LEADING TO DEAT not mean the mode of are, asthenia, etc. It mea	f dying, e. i	g., (A)	y m	- myell	Juay.
injury or	complication which	aused death	1.) DUE TO			
	ANTECEDENT CAUS	ES	(In	ten dent.	- 6-1-0-	
Z DISEASES	S OR CONDITIONS, I	ANY, GIVIN	(B)	an and		ale 6
RISE TO T	HE ABOVE CAUSE (A)	STATING TH	HE DUE TO	the	man .	
2			(C)			***************************************
<u> </u>	11		/			
TRIBUTING	SIGNIFICANT CONDI	NOT RELATE	ED /a//a	4/	_	31115.
	OF OPERATION 1	The second secon	FINDINGS OF OPER	ATION		20. AUTOPSY?
	or Electron	ob. MADON	The montes of organ			YES NO X
	ENT WAS UNDER-	21B. PL/	ACE OF INJURY (e.g., in	or 21c. WHERE D		ity, give exact location)
LYING OI	R CONTRIBUTING DEATH	about nome,	farm, factory, street, office bldg., e	INJURY OCCU	K (
10. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRE	ED 21F. HOW DID	INJURY OCCUR?	
MJORY		m.	WHILE AT NOT WHILE			
22. I hereb	n eertifu that I att			10 195	1 to 13 march 1	954 that I last saw the
deceased a	live on 13 Muse	1052	and that death occur	red at 8: 45Pm.	, from the causes and o	on the date stated above.
23A. SIGNA		11	2	3B. ADDRESS		23C. DATE SIGNED
	CREMA- 248 DATE	5 m	M. O. F	600 Harfor	rd Road	3/ /52
24A. BURIAL (S	Specify)					
BURIAL DATE RECEIVE	MAR: 17-		LOUDON PARK	CEMETERY 25. FUNERAL DIR	BALTIMORE M	ADDRESS
LOCAL REGIST		SIGNATI	MITE OF	23. FUNERAL DIR	28/11	ADDRESSO,
MAR 1 7'10		willow	Villailla Ars	7.10	repair	1 Done -
VS 150	306	0	- 1	R. B. WTPPER	T & SON 1300	FIITAW PI. 17

SEPTEMBER .. THE THE PROPERTY AND THE WASHINGTON THAT I DESCRIPT HE WASHINGTON 160

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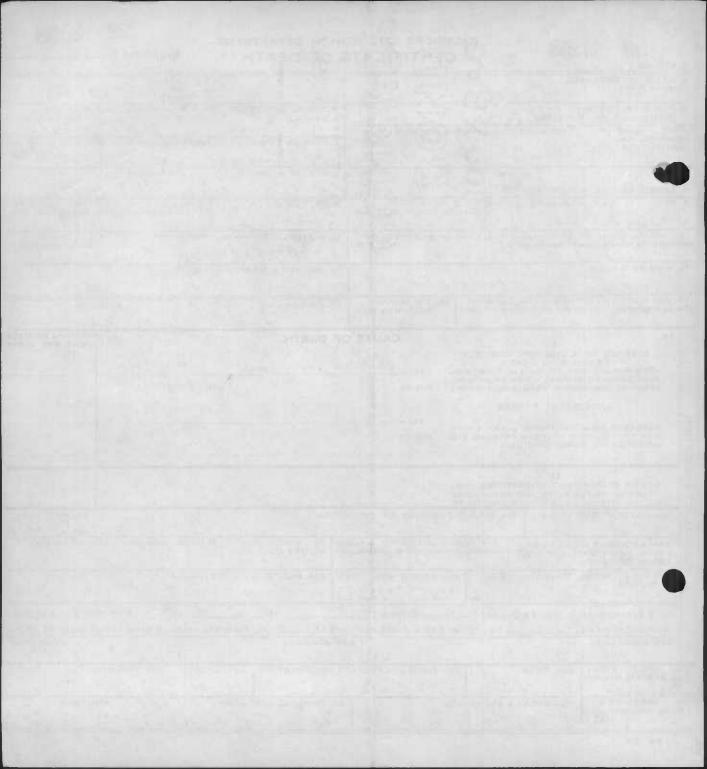
52 2598

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 2598

Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) Carolyn L. Tay lor	2. DATE OF DEATH 3-13-521
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	
HOSPITAL OR INSTITUTION (INIVERSITY HOS A TO POCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
UNIVERSITY HOSPITS	Baltimore 21-02 township)
Vrs.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Days	1342 WARD ST.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years It Under I Year It Under I Y
Penale Black SING(P)	8/24/4/ 10
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
2 budent	Maryland WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
slowe by lok	Mary Bate
15. WAS DECEASED EVER IN U.S. ARMED FORCESY Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS .
No	mother some
18. 3 5 3 . 2 CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g., (A)	Epilephuis & Cerebrol 18 days
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(kmon hage)
ANTECEDENT CAUSES	
Z (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
(C)	
II CTUED CLONES	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	
198. MAJOR FINDINGS OF OPER	
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in	or 21c. WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., e	INJURY OCCUR?
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE	
	24 , 1952, to 2 - 3 , 195, that I last saw the
deceased alive on 3 3 , 19 and that death occur	
, 2000 2000 2000	3B. ADDRESS 23C. DATE SIGNED
AD Lakardon M.D.	museum Hostato 3/13/52
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Removal (Specify) 3/17/52 mt Calif	and 1999 md
DATE RECEIVED BY JAREGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR 104 ADDRESS
LOCAL REGISTRAR	30/500 D Ll 24-mate
Junington Halkallet, My.	La coundra a mongray to



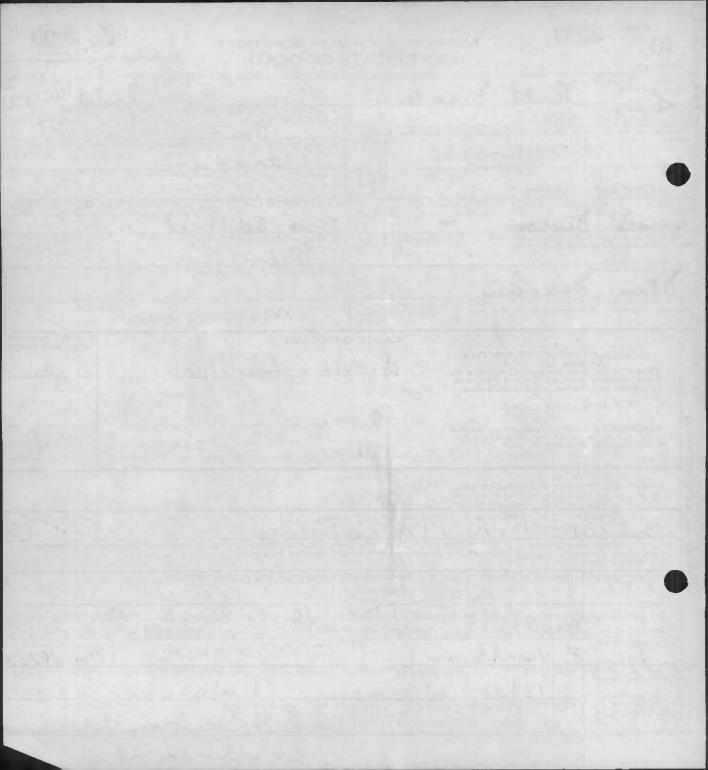
BALTIMORE CITY HEALTH DEPARTMENT

52 2.99

CERTIFICA	ATE OF DEATH Registered No	
BIRTH NO.		
1. NAME OF DECEASED (Type or Print)	2. DATE OF DEATH	16 55
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, if in a. STATE B. COUNTY	stitution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address HOSPITAL OR location		write RURAL and vive
INSTITUTION JOHNS HOPKINS HOSPITAL	Warsour	township
M.	rs. D. STREET ADDRESS (If rural, give location)	
5, SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Spe	8. DATE OF BIRTH 9. AGE (in years) II Un	hs Days Hours Min.
10A. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUST	11. BIRTHPLACE (State or foreign country) 1	2. CITIZEN OF WHAT COUNTRY
134FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORGES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO	o. 17. INFORMANT HOPKINS HOSPITAL	DRESS
DISEASE OR CONDITION DIRECTLY	bellar farcema	INTERVAL BETWEEN ONSET AND DEATH
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	re	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF O	PERATION	20. AUTOPSY?
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bi		re exact location)
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCU		
m. WHILE AT NOT WE WORK AT WO	ORK L.I	
22. I hereby certify that I attended the deceased from		
deceased alive on Mary . 1619 2 and that death of		23c. DATE SIGNED
James H. Markham M.D.	· · · · · · · · · · · · · · · · · · ·	mar. 16,195
246. BURIAL, CREMA: 248. DATE 24C. NAME OF CEMI	ETERY OR CREMATORY 24D. LOCATION (City, town, or	county) (State)
DATE RECEIVED BY REGISTRATE SIGNATURE	25. FUNERAL DIRECTOR	VDDRESS
LOCAL REGISTRAS Turtington Williams &	2 425. De 7 /2. lan	303

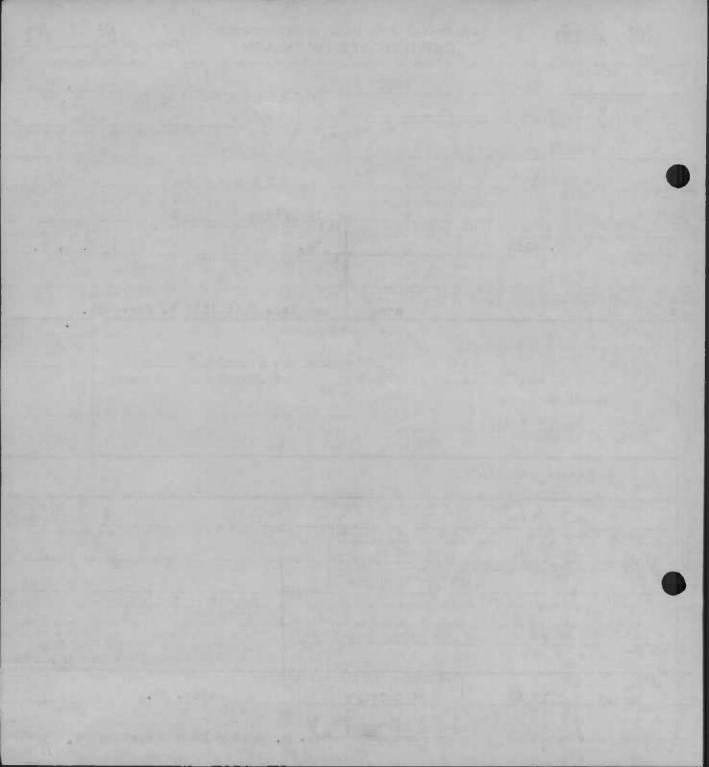
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ristered No.

ВІ	RTH NO.				CERTIFICATE	OF DEAT	H Registere	d No.
	NAME OF D	ECEASE					2. DATE OF	
<u> </u>	'ype or Print)		HANN	HAH	NUTT		DEATH N	arch 13, 1952
	Baltimore (aryland			A. STATE	ENCE (Where deceased lived B. COUNTY	
	FULL NAME	OF (lf not in hospita	al or institut	tion, give street address or location)	c. CITY OR TOWN		imits, write RURAL and give
11	ISTITUTION	Dro	vident H	ognita'	7	Balti	11	township
F		1 1 0	ATOMIC I	OBJET Oct.	Yrs.		ESS (If rural, give location)
	ength of s	tay in	Baltim 2 re		Mos. Days	712 B	ruce Street	
5.	SEX	6. COL	OR OR RACE		E, MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH		Months: Days Hours Min.
	emale	1	lored		W	10/1/1896	55	
	A. USUAL OC		ON (Give kind of life, even if retired)	10B. KIND	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CHIZEN OF WHAT COUNTRY
			H. Wife			Va.		U. S. A.
13	. FATHER S	NAME				14. MOTHER'S MA		
1.0	WAS DECEAS	ED EVED	7	FORCES	Lie cociai		?	
(Ye			IN U.S. ARMED s. give war or dates		16. SOCIAL SECURITY NO.	17. INFORMANT	hutt 1532 N. Car	ADDRESS
-		1					1400 2000 110 002	INTERVAL BETWEEN
	18. 4 4			DIDECTIV		OF DEATH		ONSET AND DEATH
		LEADI	CONDITION	TH		ncino end or	teriosclerotic	
	heart fail	ure, asthe	ean the mode c enia, etc. It mea eation which c	ns the diseas	se,		ovascular disea	
	mjury or				m., Doz 10		O'CLE THEOREM	
		ANIEC	EDENT CAUS	, E 5	(B)			
ERTIFICATION			ONDITIONS, 1					
AT	UNDERL	YING C	ONDITION LA	ST.	(C)			
10								
TIF	OTHER !	SIGNIFI	CANT CONDI	TIONS CO	N ·			
	TO THE E	DISEASE	OR CONDITION	CAUSING	IT			
0	19A. DATE	OF OPER	RATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		YES NO K
CAL	21A. EXTER	NAL CA	USE WAS	218. PL	ACE OF INJURY (e. g., in			ty, give exact location)
EDIC	UNDERLYIN	1G 0	OF DEATH.	about home,	farm, factory, street, office bldg., e	stc.) INJURY OCCU	R?	
ME		(Month)	(Day) (Year)	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID	INJURY OCCUR?	
	FINJURY			m.	WHILE AT WORK AT WORK			
	22. I certi	ify that	I took char	ge of the	remains described a	bove, held an in	spection & inqu	iry thereon and from
	the ev	idence	obtained by	said Aut	opsy, Inspection or I	nguiry, find that	Autopsy, Inspection or Inquesaid deceased died or	the day stated above
			my opinion	resulted	from: natural causes	X, accident [],	suicide □, homicide □], undetermined [].
	23A. SIGNA	TURE	. 4	al u	electe M	ASSISTANT M.	EDICAL EXAMINER	March 14, 1952
2.	4A. BURIAL.	CREMA-	2/4B. DATE	1	24C. NAME OF CEMETE			own, or county) (State)
TI	ON, REMOVAL	Specify)	3/17/52		Mt Calvary		Balto. Md.	
	ATE RECEIVE		REGISTRAR'			25. FUNERAL DIR		ADDRESS
	OCAL REGIST	IRAR	Hunti	1-19	Elizaber My	2 5 7	2202	
V	S 151			U		Geo. G. Ke	1sen 1303 Prass	venen St.
						seco.	3. Kleman	



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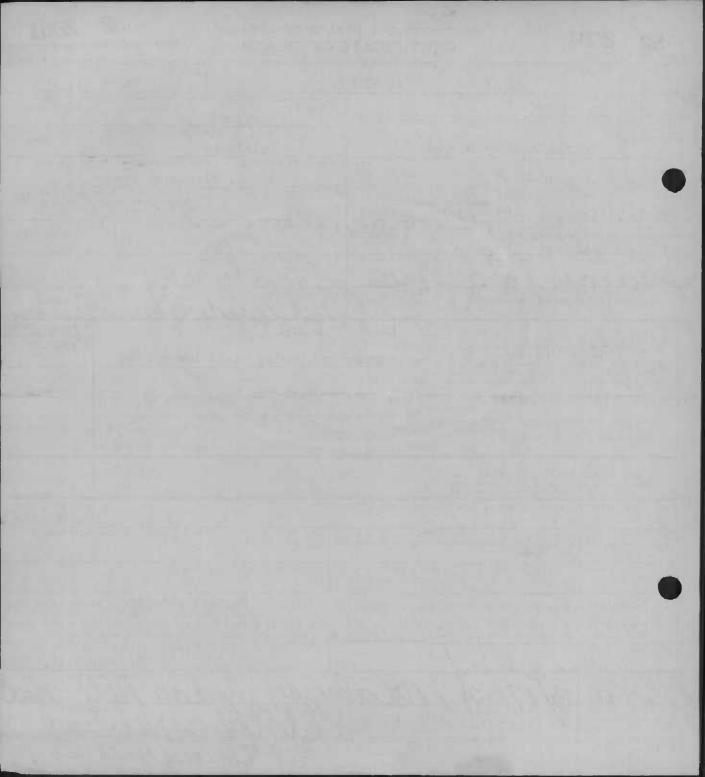
BALTIMORE CITY HEALTH DEPARTMENT

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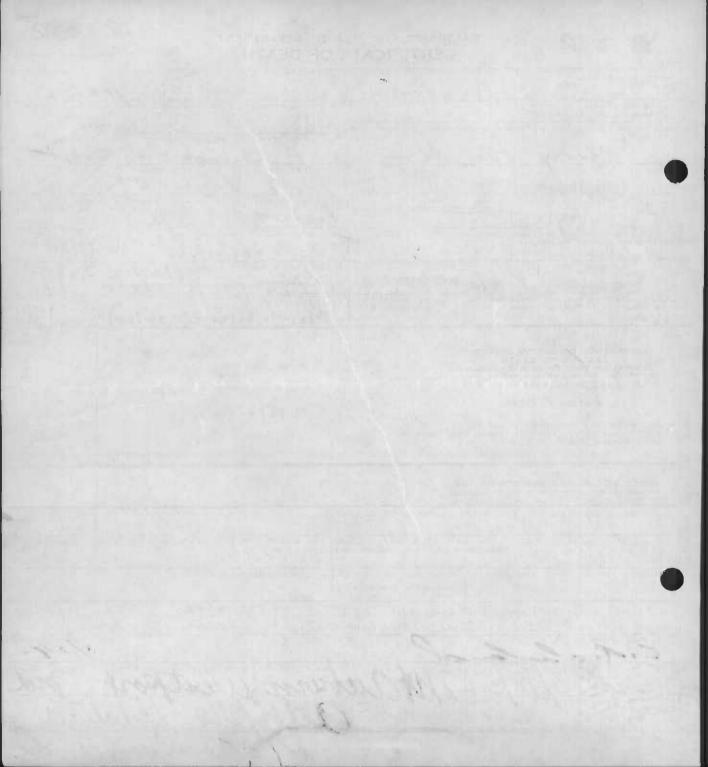
Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE SALLY ARMSTRONG March 11, 1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Baltimore City Morgue Baltimore D. STREET ADDRESS (If rural, give location) Mos. 658 W. Fairmount Avenue ngth of stay in Baltimore Days 9. AGE (In years) 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH If Under 1 Year If Under 24 Hours last birthday) Months: Days Hours: Min. Colored Female 10A. USUAL OCCUPATION (Givekind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF during most of working life, ven if retired) INDUSTRY WHAT COUNTRY omeste 14. MOTHER'S MAIDEN NAME D. WAS DECEASED EVER IN U. S. ARMED FORCES: cs. no or unknown) (If yes, give war or dates of service) ADDRESE (Yes, no or unknown) SECURITY NO. 18. 4.90 × CAUSE OF DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Lobar pneumonia, right lower lobe (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION EDICAL (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB. about home, farm, factory, street, office bldg., ctc.) INJURY OCCUR? UTING | CAUSE OF DEATH. 21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE WHILE AT AT WOPK WORK Partial Autopsy 22. I certify that I took charge of the remains described above, held an _ thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \mathbf{Z} , accident \square , suicide \square , homicide \square , undetermined \square . 23A. SIGNATURE 23c. DATE SIGNED 23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER March 11 MEDICAL INVESTIGATOR BURIAL CREMA-RECEIVED BY ISTRAB LOCAL REGISTRAR

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was the second

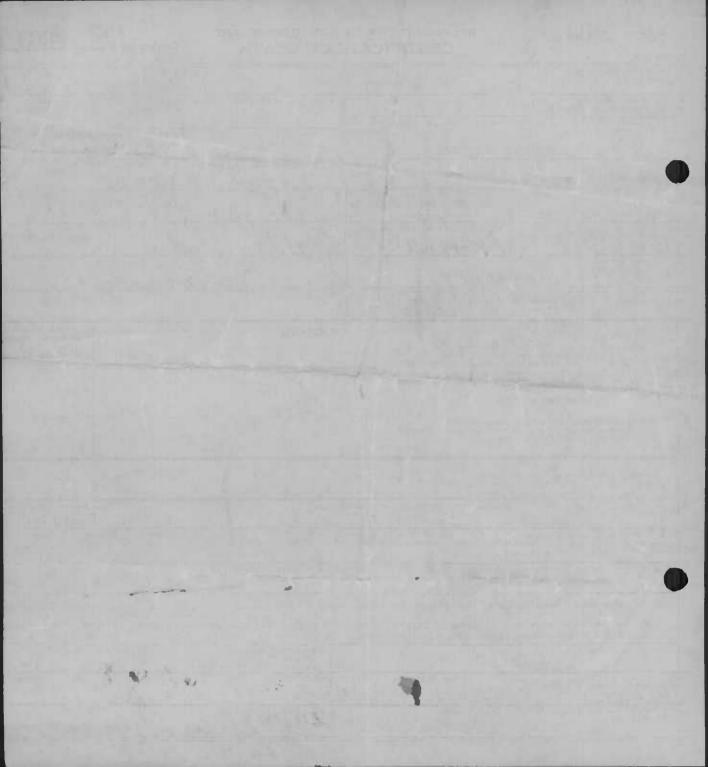


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52 2002 BALTIMORE CITY HE	
BIRTH NO. CERTIFICATI	E OF DEATH Registered No.
1. NAME OF DECEASED	I 2. DATE
(Type or Print) Oha Anderson	OF DEATH 3/12/52
3. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived, If institution; residence
A. Baltimore City, Maryland	A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	E. CITY OR TOWN (If outside corporate limits, write RURAL and give
INSTITUTION Manager 1	D (1 . C) Loweship
Mercy Hospital	D. STREET ADDRESS (If rural, give location)
Mos.	7/8 //ne St.
c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	9. AGE (In years)
WIDOWED, DIVORCED (Specify)	
1 /1/8910	February 30
10A. USUAL OCCUPATION (Give kind of the transfer of the transf	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Nelfore	S. Caroline 4.5.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME Hattie
John Boise	Mark Hickory
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO	17. INFORMANT ADDRESS OL - K
(Yes, no or unknown) (It yes, give wer or dates of service) SECURITY NO.	Mary Rieardi (sister) 500 plane
	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH	/ homis
heart failure, asthenia, etc. It means the disease,	
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	Nephritis
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(c)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
, 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20, AUTOPSY?
	YES NO [
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, etreet, office bidg., e	n or 21C. WHERE DID (If in Baltimore City, give exact location)
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI	ED 21F. HOW DID INJURY OCCUR?
INJURY WHILE AT NOT WHILE	
m. work AT WORK	25 262 2/12 262
22. I hereby certify that I attended the deceased from 2	25, 1957, to 3//2, 1957, that I last saw the red at 11:15 Pm., from the causes and on the date stated above.
	38. ADDRESS 23c. DATE SIGNED
M. D	RY R CREMATORY 240. LOCATION (City, town, or county) (State)
ON REMOVAL (Specify)	Municipal 11 10 at Bank Mal
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25-FILINER I DIRECTOR
LOCAL REGISTRAR	Mark Blu Il Javan
MAR 171952 Tuntington Valuation	Many Marian
VS 150	Ola Danie Milano
	7/0 Soma Miller.



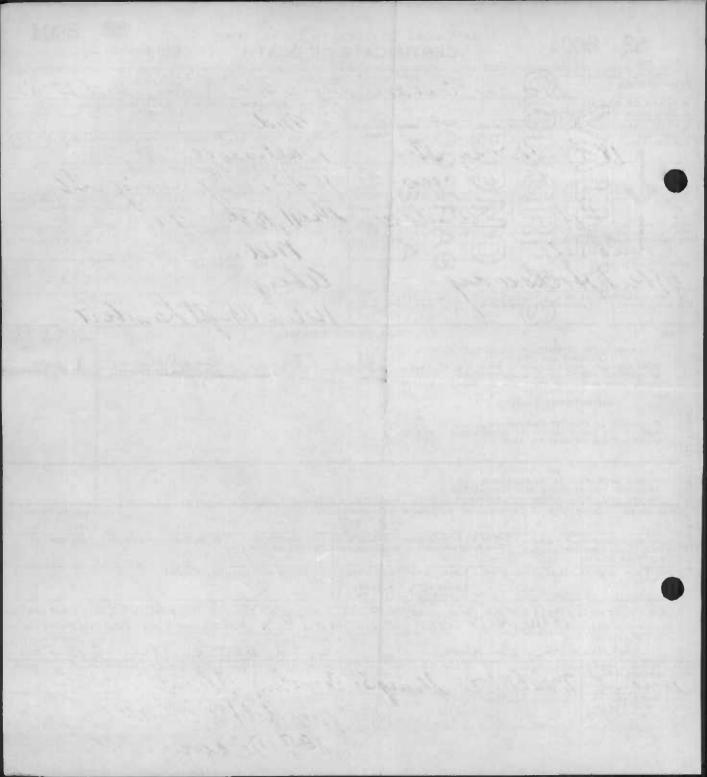
CERTIFICATE OF DEATH Registered No. 2503 BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.			02111111		0. 02/(!!!		
1. NAME OF OE (Type or Print)					11111	2. OATE	
		EARL	SCC				arch 12, 1952
a. Baltimore Ci					. USUAL RESIDENCE (WI	here deceased lived, B. COUNTY	If institution: residence before admission
B. FULL NAME C	F (If not in hospi	tal or institu	ution, give street ad		Maryland		
INSTITUTION				ocation) c.		The state of the s	mits, write RURAL and give
	Providen	t Hospi	tal		Baltimore		-01
				Yrs. D.	STREET AOORESS (If r		
	ay in Baltimore	1.7 SINGI	E. MARRIEO.	Days	DATE OF BIRTH	iddle Stree	
			WED, DIVORCEO	(Specify)	1 /2 / (A A	9. AGE (In years last birthday)	Months Days Hours Min.
Female	Colored UPATION (Givekindo	(10m leth	M	000	13/1/920	3/	
work done during most of	working life, oven if retired	10B. KIN		STRY	A The KACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S N	suc	140	40ewy	NO K	Jaus, N	na!	
11/2/7	The Table	10	0-1 //	14	MOTHER'S MAIDEN NA	mg:	1 . 10
UV all	EVER IN U.S. ARME	HOL	0	- 15	Jessel (any	well,
(Yes, no or unknown)	(If yes, give war or date		16. SOCIAL SECURITY	NO. 17	INFORMANT		AODRESS
			220-24-	1.559			
18. 35	1 3		CA	USE OF	DEATH		INTERVAL BETWEEN
	E OR CONDITION		*				The second second
(This does	not mean the mode	of dying, e.	g., (A)	Post-tr	cany tic epileps	<u> </u>	
	e, asthenia, etc. It me complication which						
	ANTECEDENT CAU	SES					
			(B)	Lacerat	tion and contusi	on of brei	9
O DISEASES	OR CONDITIONS, E ABOVE CAUSE (A)					healed	
UNDERLYI	NG CONDITION L	AST.	(C)				
0							
	II GNIFICANT COND						
TRIBUTING	TO THE DEATH, BUT				_ 1 111		
U 19A. DATE OF	OPERATION	19в. MAJOF	R FINOINGS OF	OPERATI	ON		20. AUTOPSY?
Z 1A. EXTERNA							YES NO
2 1A. EXTERNA	CAUSE WAS		ACE OF INJURY		21c. WHERE OID (If	in Baltimore City	, give exact location)
	USE OF DEATH						
	ionth) (Day) (Year	(Hour)	21E. INJURY OC	COURRED	21F. HOW DID INJURY	OCCUR?	
INSORT		m.		T WHILE			
22. I certify	that I took char	rae of the	remains descr	cihed abor	e held an Lut	opsv	thereon and from
					Autopsy, In	spection or Inquir	v
and dca	th in mu opinion	resulted	opsy, Inspection from: natural	causes 5	iry, find that said dec , accident , suicide [casea area on	undetermined.
23A. SIGNATU		,			23B. CHIEF MEDICAL EX		
Willes	in Uchrory	X		M.O.	ASSISTANT MEDICAL EX MEDICAL INVESTIGATO		March 13, 1952
244. BURIAL, CE	EMA- 24B. DATE	10	24c. NAME OF C	EMETERY		CATION (City, tox	
LUITUR	13/18/	150	MX ()	2 /10	vul (01	dar b	ull
OATE RECEIVED		SSIGNATI	URE	25.	FUNERACIDIRECTOR		ADDRESS
LOCAL REGISTR	AR	mology	2-8	147	A STENING	D Shak	stead /
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	E OF DEATH		
BIRTH NO.			
1. NAME OF DECEASED (Type or Print)	Ligache OF Thursty SV		
3. PLACE OF DEATH: A. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission)		
B. FULL NAME OF (If not in hospital or institution, give street address o HOSPITAL OR INSTITUTION (//			
187/ AP-11-16 44	Mallerable 101		
ngth of stay in Baltimore 20 2/20 Mos.	D. STREET ADDRESS (If rural, give location)		
5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED. WIDOWED, DIVORCED (Specify	B. DATE OF BIRTH 9. AGE (In years) Under I Year Il Under 24 Hours Months: Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of North down during most of working life, even firetired) INDUSTR'	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY		
Attack the	Mid.		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
19. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS		
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Helin Wood hambert		
18. 44 3 X . CAUSE	OF DEATH		
DISEASE OR CONDITION DIRECTLY	P. CHARLE AND DEATH		
(This does not mean the mode of dying, e.g., (A)	yperleusine beardense 3 413		
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	N		
ANTECEDENT CAUSES			
O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO			
UNDERLYING CONDITION LAST.			
F COURTED STATE CONTRACTOR CONTRA			
OTHER SIGNIFICANT CONDITIONS CON-			
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY?		
D .	YES NO		
21a. ACCIDENT WAS UNDER. 21b. PLACE OF INJURY (e. g., ebout home, farm, factory, street, office bldg.			
CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR!	RED 21F. HOW DID INJURY OCCUR?		
INJURY m. WHILE AT NOT WHILE AT WORK	E		
22 I hereby certify that I attempted the deceased from 6 -	12 195 , to 15 Huych, 1957, that I last saw the		
deceased alive on 13 hund 195V, and that death occi	urred at 7 ?. m., from the causes and on the date stated above		
	238. ADDRESS 23c. DATE SIGNED		
alberta, Bureval) M.D.	iri aiguello 80 3/1752		
24a. BURIAL, CREMA. 24B. DATE TION, REMOVAL (Specify)	ERY OR CREMATORY AD. LOCATION (City, town, or count) (State)		
Harrie Malaisto & Storige	Chartelles Chart The		
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS		
MAR 171957 It is to Williams the	Blog Grates Clientel will getter		
VS 150	12930, 2: 05		
	110 1 Carter - 17.		



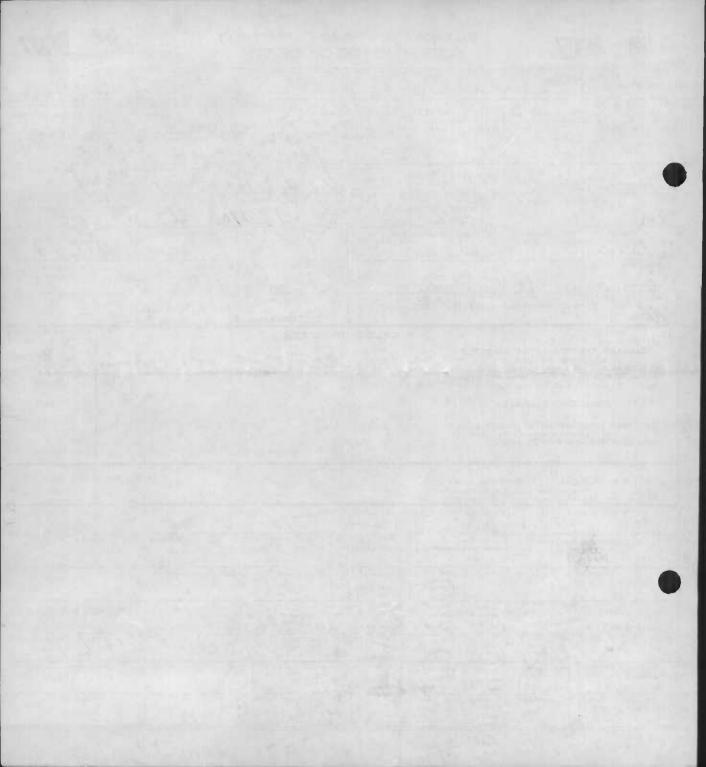
BALTIMORE CITY HEALTH DEPARTMENT 2005 Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location (If outside corporate limits, write RURAL and give INSTITUTION (Th rural, give logation) Yrs. Mos. loughton c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE MARRIED 9. AGE (In years It Under 1 Year WED. DIVORCED (Specify) last birthday) Months Days Hours Min. 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? MAMMATAN 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO. VRS-13.10MPKINS3765 7-14 1813/4 DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPS EDICA 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? INJURY NOT WHILE AT WORK 1952 to . 1952 that I last saw the 22. I hereby certify that I attended the deceased from. 195 L, and that death occurred at 11.55 Pm., from the causes and on the date stated above. deceased alive on " 23A. SIGNATURE 23c. DATE SIGNED 23B. ADDRESS / which 24A. BURIAL, CREMA-TION REMOVAL (Spectry) 240 NAME OF CEMETERY Jula DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL ADDRESS Juntinglow VS 150

120 Just 1 mylande Backmark 24 24 1877 474 While Bound Fare Medie Elizabeth thate Present Parland April Hope of Sec 18 2 James J. Bay Es

ud. Exam Case Kelense CERTIFICATE OF DEATH Registered No_ BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN / (If outside corporate limits, write RURAL and give INSTITUTION JOHNS HOPKINS HOSPITAL D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Davs 9. AGE (by years If Under 1 Year last birthday) Months: Days Hours Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) I A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY Domestic 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, up or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. JOHNS HOPKINS HOSPITAT CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION Kello performal, intisting Q 20. AUTOPSY metastases. un sincleaning rednes 218. PLACE OF INJURY (e. g., in of about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED | 21F. HOW DID INJURY OCCUR? WHILE ATT NOT WHILE! WORK 22. I hereby certify that I attended the deceased from -/.5 . 1957 to_ __, 19___. that I last saw the _, and that lead becurred at less Ifm., from the causes and on the date stated above. deceased alive on_ 19___ 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED JOHNS HOPKINS HOSPITAL 24A. BURIAL, CREMA-24C. NAME OF CEMETERY OR CREMATORY 24B. DATE 240. LOCATION (City, town, or county) TION, REMOVAL (Specify) Brooklyn Md DATE RECEIVED BY FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

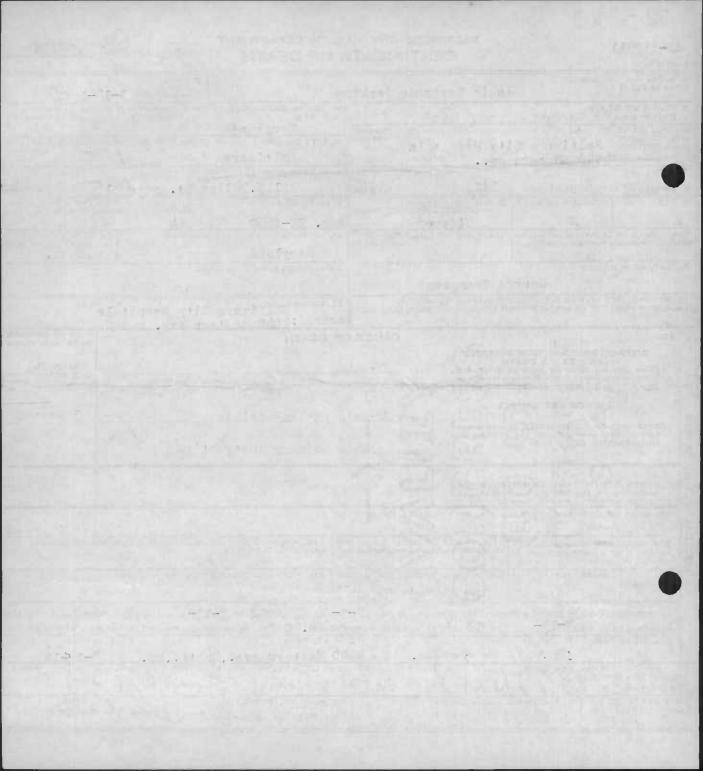
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4	13 52 RTH NO.	2607			EALTH DEPARTMENT E OF DEATH	Registered N	52 2607
	NAME OF Type or Print)		-als	ton.		2. DATE OF 3/1	4.1952
B. H	PLACE OF E Baltimore (FULL NAME DSPITAL OR ISTITUTION	City, Maryland 🚣	028 A	give street address or location)	c. CITY OR THUN,	Where deceased lived, If	institution residence before admission) s, write PO helt, and give township
-		stay in Baltimore	304	Yrs. Mos. Days	JO28 H	rural give logation)	int
	A. USUAL OC	6. COLOR OR RACE	m	DIVORCED (Specify)	8. DATE OF BIRTH OCH 19. 190 11. BIRTHPLACE (State or)	last hirthday) Mo	Under I Year It Under Z4 Hours nths Days Hours Min.
worl	dege during most	of working life, even if retired)	Labor	INDUSTRY	SC		WHATCOUNTRY
ľ	FATHER S	D EVER IN U, S. ARMED	lslo		14. MOTHER'S MAIDEN N	Ilalun	
(Ye	HO or Jinknown)	(If yes, give war or dates	of service)	6. SOCIAL SECURITY NO.	17. INFORMANT LOS	alston	DDRESS
	(This does	SE OR CONDITION DEAT S not mean the mode of are, asthenia, etc. It mean complication which ea	H dying, e.g., as the disease,	CAUSE (A) GUY	OF DEATH Commonwa	of Rf le	INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSI	ES				
CATION	RISE TO T	S OR CONDITIONS, IF THE ABOVE CAUSE (A) YING CONDITION LAS	STATING THE	(B)			
CERTIFI	TRIBUTING	II GIGNIFICANT CONDIT TO THE DEATH, BUT N USEASE OR CONDITION	NOT RELATED				
AL	200	PF OPERATION 19	MAJOR FI	NDINGS OF OPER	ATION TOX	ing	20. AUTOPSY?
MEDIC		DENT WAS UNDER R CONTRIBUTING DEATH		OF INJURY (e. g., i factory, street, office bldg.,		(If in Britimore City, a	rive exact location)
	D. TIME INJURY	(Month) (Day) (Year)	WHIT	. INJURY OCCURR E AT NOT WHILE AT WORK	ED 21F, HOW DID INJUR	Y OCCUR?	
	deceased a			d that death occur	rred at 345 m., from 338. ADDRESS M. Q		that I last saw the date stated above. 123c. DATE SIGNED
24a. BURIAL. CREMA- TION REMOVAL (Specify) May 1812/5'2 Observable City, town, of county) (State)							
DATE RECEIVED BY REGISTERAR'S SIGNATURE 25. HUNERAL DIRECTOR ADDRESS MAR 171952 Purilingfore Malliania, M. D. Duray 50 Williams							
	VS 150 Whetmere S.C. 970991000 Ban Hoy an						



BALTIMORE CITY HEALTH DEPARTMENT Registered No. 2008

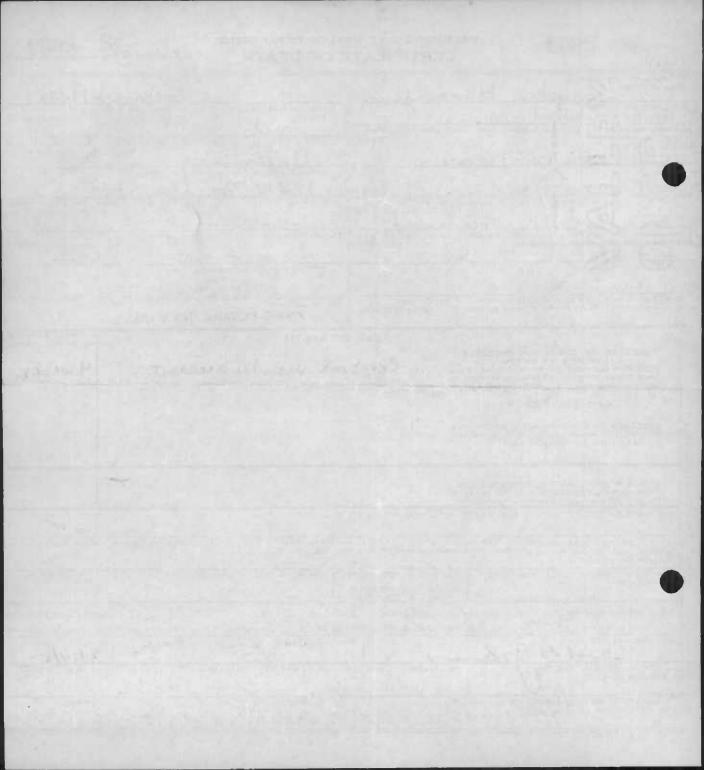
BIRTH NO.	E OF DEATH					
1. NAME OF DECEASED	2. DATE					
(Type or Print) Annie Gertrude Jenki	OF OF	-1952				
3. PLACE OF DEATH: . Baltimore City, Maryland De 1 to City	4. USUAL RESIDENCE (Where deceased lived, If insti	itution: residence before admission)				
A. Baltimore City, Maryland Balto, City B. FULL NAME OF (If not in hospital or institution, give street address or	Maryland	before admission)				
HOSPITAL OR INSTITUTION Baltimore City Hospitals location	c. CITY OR TOWN (If outside corporate limits, vr					
4940 Eastern Ave.	Baltimore 0	township)				
Yrs.	D. STREET ADDRESS (If rural, give location)					
c. Length of stay in Baltimore Life Mos.	101 N. Dallas St. zone 31					
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (in years It Under	1 Year If Under 24 Rours				
F Widowed	Aug. 20-1867 64	Days Hours min.				
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF				
Work done during most of working life, even if retired) Housewife At Home		WHAT COUNTRY?				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
George Thompson	Roseta Thompson					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL		FSS				
	Records Lolo Barries City Hespitals	17. INFORMANT imere City Hespitals				
	Records: 4040 Festern Ave.	INTERVAL BETWEEN				
18. 600,0 CAUSE DISEASE OR CONDITION DIRECTLY	OF BEATH	ONSET AND DEATH				
LEADING TO DEATH	in the second se	3 Weeks				
heart failure, asthenia, etc. It means the disease,	1.5	2 HOCK D				
injury or complication which caused death.) DUE TO						
ANTECEDENT CAUSES	in amalan mbaisia	3 manaha				
O DISEASES OR CONDITIONS, IF ANY, GIVING	ic pyelonephritis	3 menths				
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO						
(c)Chron	ic urinary obstruction	***************************************				
OTHER SIGNIFICANT CONDITIONS CON-		No.				
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?				
	in or 21C. WHERE DID (If in Baltimore City, give	YES X NO				
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	exact location)					
TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURS	RED 21F. HOW DID INJURY OCCUR?					
INJURY m. WHILE AT NOT WHILE AT WORK AT WORK						
22. I hereby certify that I attended the deceased from 3-9-, 1952, to 3-13-, 1952,						
	erred at4.30 Pm., from the causes and on the d					
		3c. DATE SIGNED				
J.S. Migen M.D. H.	940 Eastern Ave. Balto. Md.	3-14-1952				
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMENT	ERY OR CREMATORY 240, LOCATION City, town, or o	ounty (State)				
DATE RECEIVED BY REGISTRAR'S SIGNATURE	CO FUNERAL DIRECTOR	DRESS				
LOCAL REGISTRAR	Elisy 10 . Wilson loss Be	outly and				
VS 150						



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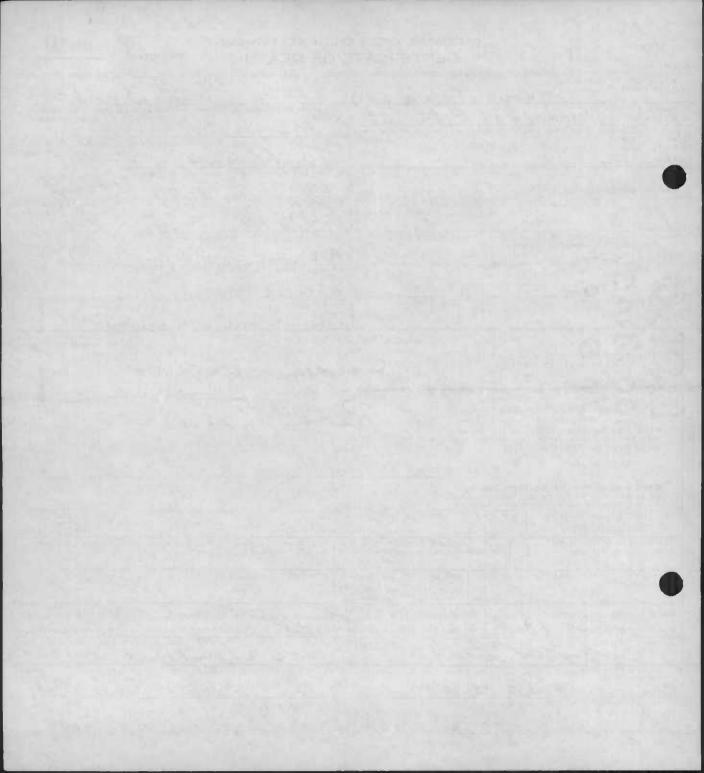
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIRTH NO.				
1. NAME OF DECEASED (Type or Print)) onephine. Harring	time		2. DATE OF DEATH MAN	wh 131/952
S. PLACE OF DEATH: A. Baltimore City, Maryland Palto, City	1 4	. USUAL RESIDENCE (institution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR		ma.		
INSTITUTION	rocation) C	CITY OR TOWN (I	f outside corporate la dit	s, write RLRAL and give township)
JOHNS HOPKINS HOSPITAL	Yrs. D	STREET ADDRESS (I	rural, give location)	V 1
c. Length of stay in Baltimore 22 Yrs.	Mos. Days	120N1 9	- ton 61	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED), 8	DATE OF BIRTH		t Under 1 Year If Under 24 Hours
Female Colored Williams		arch-10-1892	last birthday) Me	onths Days Hours Min.
10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSIN		1. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
Housewife At Home	INDUSTRI	North Card	olinia	WHAT COUNTRY?
13. FATHER'S NAME	14	4. MOTHER'S MAIDEN N	IAME	
Unkown		Phylis	Harringto	n
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA (Yes, no or unknown) (If yes, give war or dates of service) SECUE	RITY NO.	7. INFORMANT		DDRESS
Lo l		JOHNS HOPKI	NS HOSPITAL	
18. 33/X	CAUSE OF	DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	A	0		
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease,	CEARDU	al vascular a	iccident	4 weeks
injury or complication which caused death.) DUE TO	•			
ANTECEDENT CAUSES				
O DISEASES OR CONDITIONS, IF ANY, GIVING		***************************************	***************************************	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.				
(C)				
OTHER SIGNIFICANT CONDITIONS CON-				
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
, 19a. DATE OF OPERATION 19b. MAJOR FINDINGS	OF OPERAT	ION		20, AUTOPSY7
				YES ND
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atre	URY (e. g., in or eet, office bldg., etc.)	21c. WHERE DID INJURY OCCUR?	If in Baltimore City,	give exact location)
TIME (Month) (Day) (Year) (Hour) 21E. INJURY	Y OCCURRED	21F. HOW DID INJUR	Y OCCUR?	
INJURY MHILE AT WORK	NOT WHILE			
22. I have by contifu that I attended the deceased t	from 2	-16 1952 to	3-13 195	Zthat I last saw the
deceased alive on 3-13, 1952 and that d	eath occurre	d at 4.25 Pm., from	the causes and on t	he date stated above.
23A. SIGNATURE Carel 19-9when	23B.		NS HOSPITAL	3/14/3
24A. BURIAL, CREMA- TION, REMOVAL (Specify) 24B. DAZE 24C. NAME :	DF CEMETERY	DR CREMATORY 24D. I	OCATION (City, town	, or county) (State)
Buris 3/17/152 Nt Ca	lvrvv C	em. B	rooklyn Md.	
DATE RECEIVED BY REGISTRAR'S SIGNATURE	134	FUNERAL DIRECTOR		ADDRESS
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VS 150	10			

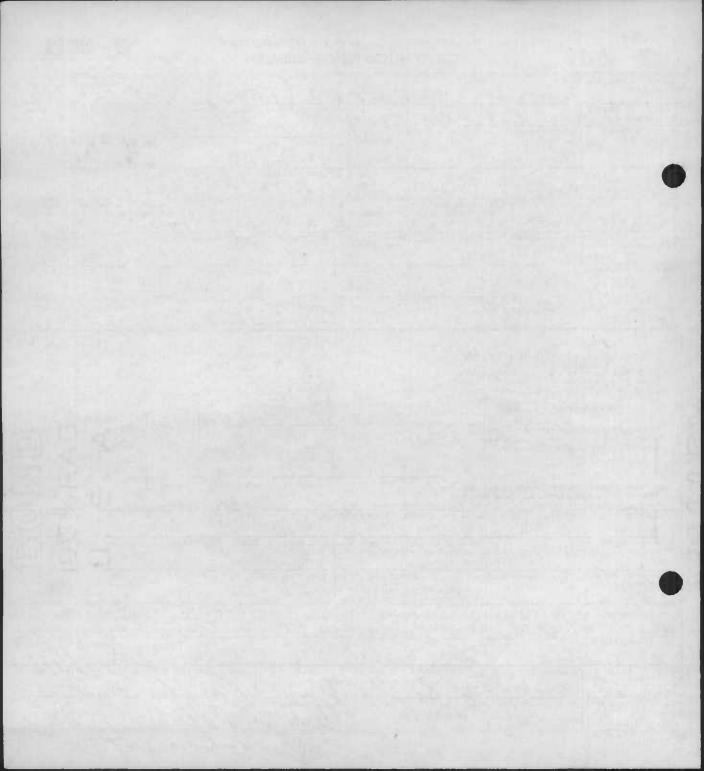


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) 19 6ry Robin 5:05	2. DATE OF DEATH 3-13-52
Baltimore City, Maryland / 987 Etting St	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
e. FULL NAME OF (If not in hospital or institution, give freet address or HOSPITAL OR location)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Yrs.	D. STREET ADDRESS (If rural, give location)
c. Bength of stay in Baltimore 55 years Days	1907 ETTING Store
6. COLOR OR RACE 7. SINGLE MARRIED, WIDOWED, DIVERCED (Specify)	8. DATE OF BIRTH 9. AGE (In years It Under I Year last birthday) Months Days Hours Min.
OA. USUAL OCCUPATION (Givekindof) rk dome during most of working life, oven if retired) INDUSTRY	1V. B/RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	Williansport, Maryland 915.7
David Brown	Cecilia Orice
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
	Notes Brown Williamsport, Nd.
18. 442 X	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING	and Disagra
RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
21A. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., li about home, farm, factory, street, office bldg., t	or 21C. WHERE DID (If in Baltimore City, give exact location)
TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR INJURY MILE AT NOT WHILE AT WORK AT WORK	ED 21F. HOW DID INJURY OCCUR?
22. I hereby certify that Lattended the deceased from.	1957, thuch , 152 that I last saw the
deceased alive on 3 - 13 . 195 2 and that death occur	
23A. SIGNATURE M. C.	38. ADDRESS 23c. DATE SIGNED 23c. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 240. LOCATION (City, town, or county) 1State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
VS 150	fregt & russ 1200 mo Cully St.



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2 BIRTH	2611		E OF DEATH	Registered No.	2611
1. NA	ME OF DECEASED	45005	O T (THAS	2. DATE 3 /	15-/02
3. PL/	CE OF DEATH: timore City, Maryland /623	N CAREY ST	4. USUAL RESIDENCE (W	DEATH here deceased lived. If inst	ditution: residence before admission)
B. FUL HOSP		nstitution, give street address or location)	MP	outside corporate limits, w	
		Yrs.	D. STREET ADDRESS (If r	rural, give location)	
	ngth of stay in Baltimore	42 Mos. Days	1623 N	CAREY	ST
5. SE		INGLE, MARRIED. IDOWED, DIVORCED (Specify) S / N C L F	APR 8,1909	9. AGE (In year) Month	
10A. U work done	SUAL OCCUPATION (Give kind of during most of working life, oven if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country) 12	WHAT COUNTRY?
13. FA	UNKNOWN	for.	14. MOTHER'S MAIDEN NA		
(Yes, no	S DECEASED EVER IN U.S. ARMED FORM	ces? 16. SOCIAL SECURITY NO.	17. INFORMANT PEARL JON.	ADDE	N CAREY
18	480x .	CAUSE	OF DEATH	70 &0	INTERVAL BETWAN
	DISEASE OR CONDITION DIRE	L. A	GRIPP	E	PDAKI
	(This does not mean the mode of dyinheart failure, asthenia, etc. It means the injury or complication which caused	disease,			
_	ANTECEDENT CAUSES	Reni	VCHO PNEU	MANIA	5 DAYS
FICATION	DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST.	, GIVING	V	7.8.077.7.1	3.43
IFIC	11	(C)			
ERTI	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT	RELATED			
	TO THE DISEASE OR CONDITION CAU	AJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
	a. ACCIDENT. SUICIDE, 21 aMICIDE (Specify) about	B. PLACE OF INJURY (e. g., t home, farm, factory, street, office bldg.,		f in Baltimore City, give	exact location)
Ψ	TIME (Month) (Day) (Year) (Hour	r) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
	INJURY	m. WHILE AT NOT WHILE			
22	I hereby certify that I attende ceased alive on MAR IS, 19	d the deceased from	4 R. 10, 1952, to	1AR. /5, 1912, to	hat I last saw the
	a. SIGNATURE		238. ADDRESS		3C. DATE SIGNED
	BURIAL, CREMA- 24B. DATE EMOVAL (Specify)	24C. NAME OF CEMETE	ERY OR CREMATORY 24D. LC	OCATION (City, town, or	rounts) / (State)
	RECEIVED BY REGISTRAR SIG	SNATURE	25. FUNERAL DIRECTOR	allo m	DDRESS
MAR	171052 Huntington	J. Comming	Mest y. K	elson 1	303
7117 11	vs 150	75461	y Oresal	mantt	



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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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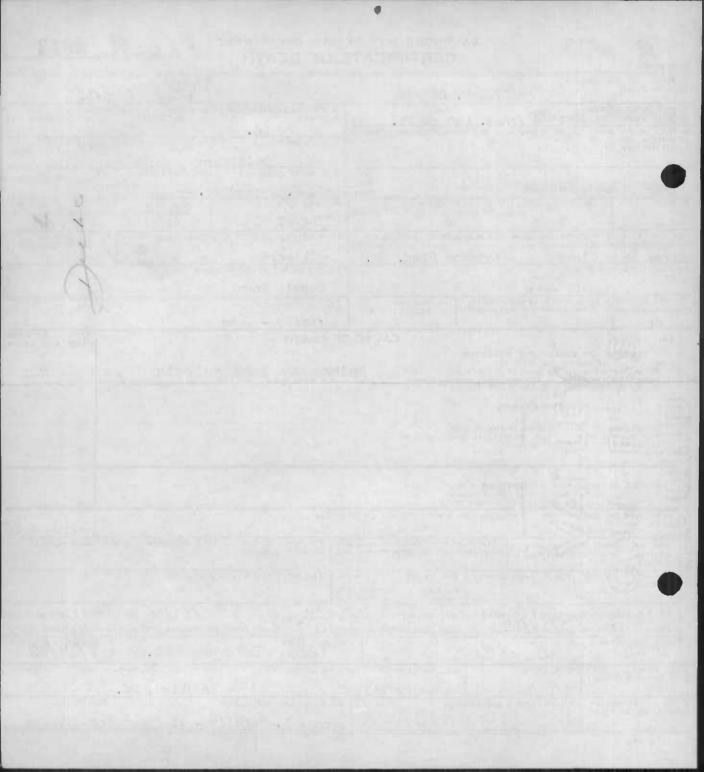
BIF	RTH NO.			OLIVIII TOATI	- OI DEATH			
1.	NAME OF D	ECEASED				2. DATE		
(ТУ	pe or Print)	J(HN STAT	JFFER	OF DEATH 3/16/52			
3. E	PLACE OF D Baltimore (City, Maryland IC	4 E. C:	lement St.	4. USUAL RESIDENCE () A. STATE			
B. F	SPITAL OR STITUTION	OF (If not in hospit	al or institut	ion, give street address or location)		f outside corporate li	inits, write I URAL and give township)	
	V				Baltimore			
				Yrs. Mos.	D. STREET ADDRESS (If)	
_		tay in Baltimore		Days	IO4 E. Clement	St.		
5, 9	M	6. COLOR OR RACE	7. SINGLE WIDOW	MARRIED. 'ED, DIVORGED (Specify) M	B. DATE OF BIRTH II/II/I874	9. AGE (In years last birthday)	Months Days Hours Min.	
10A	. USUAL OC	CUPATION (Give kind of	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or f		12. CITIZEN OF	
-		of working life, even if retired)	Dadala	INDUSTRY	G		WHAT COUNTRY?	
	FATHER'S		Fottns	ast Co.	Germany 14. MOTHER'S MAIDEN N	AME		
					14. MOTHER S MAIDEN N	AME		
		John			Elizabeth	?		
Yes,	no or nnknown)	ED EVER IN U. S. ARMED (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
-	No				Family - Same			
	18. 52	hx.		CAUSE	OF DEATH		INTERVAL BETWEEN	
	DISEAS	E OR CONDITION		20	12-	1. 4		
	(This does	not mean the mode o		· Cu	some your	oule Ca	ase 2 years	
	heart failu	re, asthenia, etc. It men	ns the disease	e,	**************************************			
	injury or	complication which e	aused death	DUE TO	6	ichie et		
		ANTECEDENT CAUS	ES	(%)	me Ponn	relut	2 cm	
Z	DICEACE	CONDITIONS		(8)	me			
	RISE TO T	OR CONDITIONS, IN	STATING TH	E OUE TO				
4	UNDERLY	ING CONDITION LA	ST.	(C)				
				(0)				
ERTI	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	o curmie	Myocar.	deal Fa	eluce 6 miss.	
				FINDINGS OF OPER	ATION		20. AUTOPSY?	
		0	00, 11110011		,,,,,,,		YES NO	
ੁੇ -	214 ACCID	ENT WAS UNDER-	1 218. PLA	CE OF INJURY (e. g., is	or 21c. WHERE DID (If in Baltimore Cit	y, give exact location)	
MED	LYING OF	R CONTRIBUTING		arm, factory, street, office bldg., e				
	TIME	(Month) (Day) (Year)		21E. INJURY OCCURRI	ED 21F. HOW DID INJUR	Y OCCUR?		
			m.	WORK NOT WHILE				
	22. I hereb	u certifu that Lath	ended the	deceased from 200	and 19.49 to	Tran 6 15	Sthat I last saw the	
	deceased at	9 /16/	. 7 /		red at 1277 h. from t			
***	23A SIGNA		, 10		38. ADDRESS	ne canocs and or	23c. DATE SIGNED	
	No.	ac Mul	le-	м. О.	1220 //6	Jaile 5	T3 /12/50	
24/	A. BURIAL, ON, REMOVAL (S		2	24C. NAME OF CEMETE	RY OR CREMATORY 240. L	OCATION (City, to	wn, or county) (State)	
.,01	B	3/19/52		Holy Cross	Rel	timore	,	
	TE RECEIVE	D BY REGISTRAR	SSIGNATU		25. FUNERAL DIRECTOR		ADDRESS	
LO	MAR 17	1952 Hunti	nator	Williams MD	Same's L. McCully	y - 130 E.F.	brt Ave.	
	VS 150		Q					

Denilsa.

5320)
BIRTH NO.	

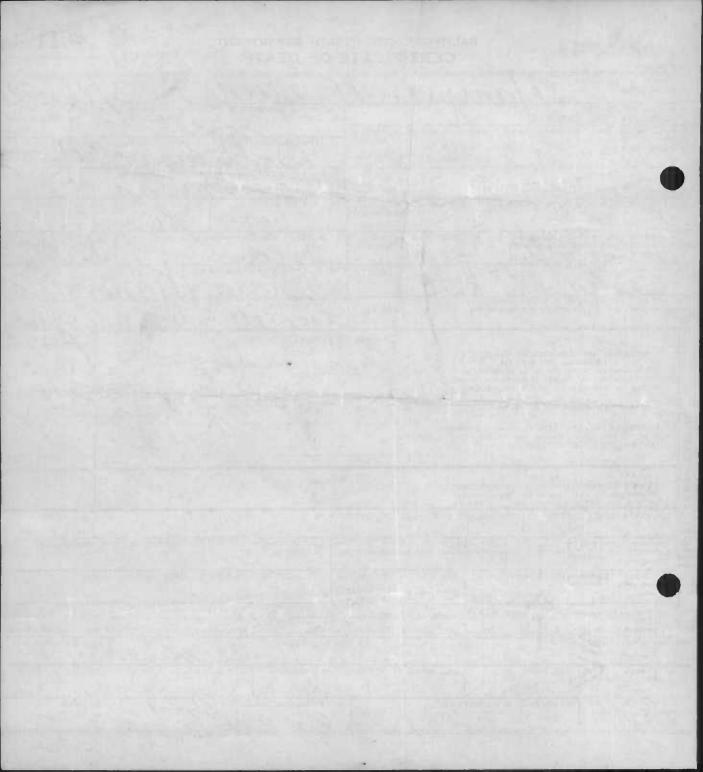
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

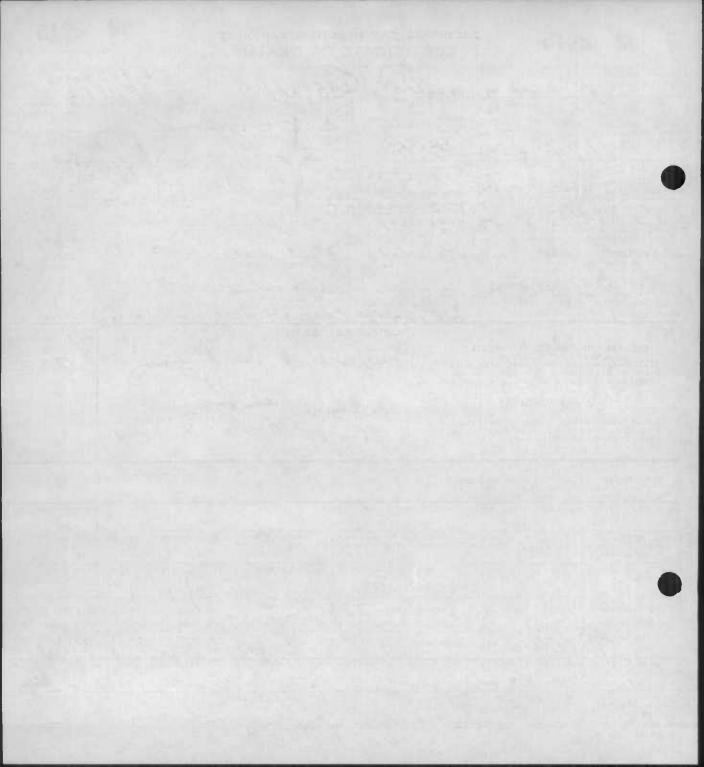
В	IRTH NO.			CERTIFI	CATE	OF DEATE	TI	aveg.seere	4 110,	
	NAME OF DECEA		LTER W.	CANNOX			2	OF DEATH	3/14/52	
B. H	PLACE OF DEATH Baltimore City, FULL NAME OF OSPITAL OR NSTITUTION	: Maryland I] (If not in hospit	I E Os al or instituti	ion, give street a	ddress or location)	4. USUAL RESIDE A. STATE Md. C. CITY OR TOWN Ba.	•	e deceased lived B. COUNTY	be	n: residence fore admission) RAL and give township)
-	Length of stay in	Baltimore		E. MARRIED.	Yrs. Mos. Days	II3 E. Oste	end St.	. AGE (In years	if Under 1 Year	If Under 24 Hours 78 Hours: Min.
TOF	MOA. USUAL OCCUPA k done during most of working	ig life, even if retired)	10B. KIND	OF BUSINESS	S OR DUSTRY	I/24/07	State or foreig	45	12. CIT	IZEN OF AT COUNTRY
13	tore Room Cl	John		on Chem.	[M]	Baltimore 14. MOTHER'S MAI Carrie You				/
(Ye	NO	R IN U, S. ARMEI	D FORCES?	16, SOCIAL SECURIT		17. INFORMANT Family -	Same		ADDRESS	RVAL BETWEEN
		henia, etc. It mea	TH of dying, e. g ins the disease	(A)		of DEATH	bercul	osis	ONS	T AND DEATH
CERTIFICATION	DISEASES OR C	OVE CAUSE (A)	F ANY, GIVIN STATING TH	G E DUE TO		_				
CERTIF	OTHER SIGNIF TRIBUTING TO T TO THE DISEASE	HE DEATH, BUT	NOT RELATE	D						
DICAL	19A. DATE OF OPI	ERATION 1	98. MAJOR	FINDINGS OF	F OPER	ATION			20 YES	AUTOPSY?
MEDIC	21a. ACCIDENT N LYING OR CON CAUSE OF DEATI TIME (Month	TRIBUTING	about bome, fa	CE OF INJURY Arm, factory, street, or 21E. INJURY O	ffice bldg., et	(a.) INJURY OCCUP	R?	Baltimore Cit	ty, give exac	t location)
	22. I hereby eers deceased alive of	tify that I att $\frac{3}{14}$	m.	WORK	n 3/ h oecur	13/52 19_ red at 227 m.,	, to 3/	/14/52, 19 causes and or		
	Hon	y De	ulel		и. D.	1226 H	anover			17/52
TIO	4A. BURIAL, CREMA ON, REMOVAL (Specify B ATE RECEIVED BY			Cedar		25. FUNERAL DIRE	Bro	oklyn, M		
L	MAD 1 7	Hunting	tonille	the Day	8	James L. Mc	Cully -	I30 Eas	t Fort	Avenue
	VS 150			39	90	48				1 199



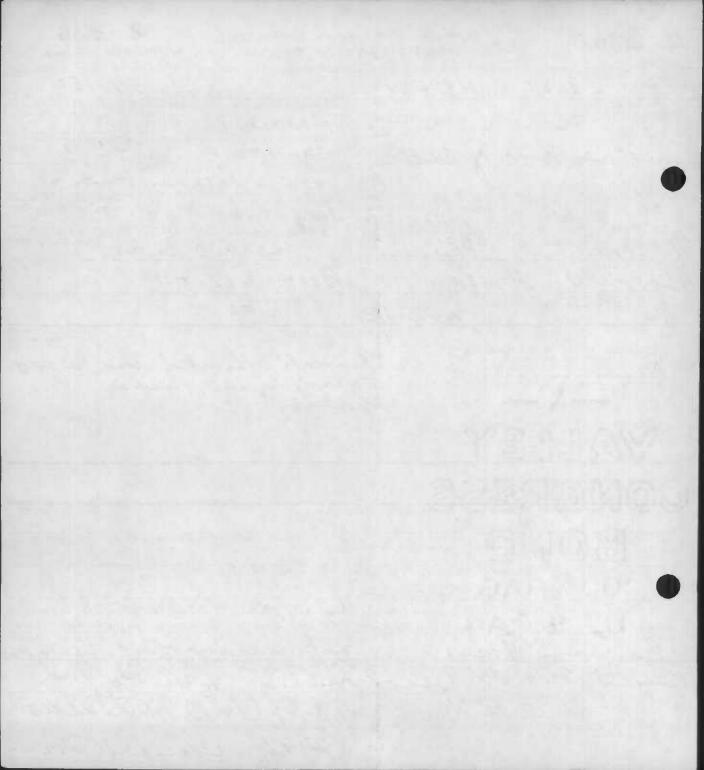
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF 4 USUAL BESIDENCE (Where deceased lived, If institution, residence before admission) DEATH 3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) outside corporate limits, with RULAL and give INSTITUTION Yrs. Mos. c. Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED H Under I Year last birthday) Months: Days Hours: Min WIDOWED, DIVORCED (Specify) 10A. USBAL OCCUPATION (Give Indof work done during most of working life, even if etired) 108. KIND OF BUSINESS OR State or foreign country) INDUSTRY HER'S NAME MAIDEN NAME 15. WAS DECEASED EVEN IN U. S. ARMED FORCES? Yes, no or unknown) (I co. give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES CERTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY: EDICAL 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT AT WORK WORK 22. I hereby certifinthat, I attended the deceased from that I last saw the Land that death occurred at deceased alive on m. from the causes and on the date stated above. 23A. SIGNATURE 28B ADDRESS 23C. DATE SIGNED M. D BURIAL, CREMA NAME OF CEME DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIREC F.DDRESS LOCAL REGISTRAR

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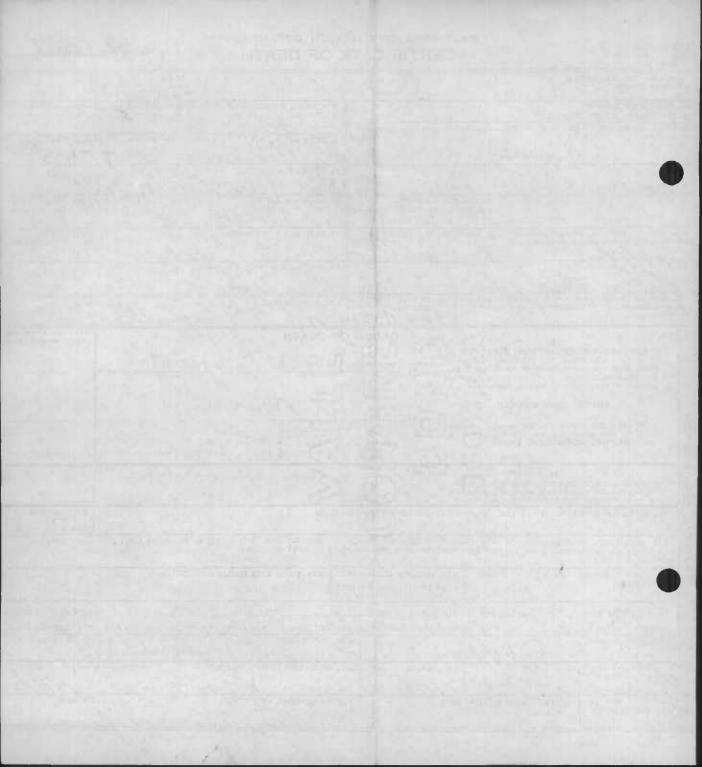


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	C. Charles	TY HEALTH DEPARTMENT CATE OF DEATH	52. 2616 Registered No.
	NAME OF DECEASED Type or Print) EARLE L. HYSER		2. DATE 0F 3/16/52
A. B. H.O. IN 5. 13	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street ad SPITAL OR STITUTION Ingth of stay in Baltimore SEX 6. COLOR OR RACE 7. SINGLE. MARRIED, WIDOWED, DIVORCED WIDOWED, DIVORCED WIDOWED, DIVORCED IND ASSEMBLY FATHER'S NAME WAS DECEASED EVER IN U. S. ARMED FORCES? MAS DECEASED EVER IN U. S. ARMED FORCES? SECURITY SECURITY SECURITY SECURITY SECURITY	A. STATE MARYLAND C. CITY OR TOWN (If BALTIMOR Yrs. Mos. Days G. STREET ADDRESS (If 405 S. Ca S. Ca S. DATE OF BIRTH July 15, 1903 11. BIRTHPLACE (State or for property) MARYLAND 14 MOTHER'S MAIDEN N. BERTHALL 17. INFORMANT	outside corporate limits, write RURAL and give township) rural, give location) 9. AGE (In years last birthday) Oreign country) 12. CITIZEN OF WHAT COUNTRY?
ERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABDVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)	Cheumstie Kes Trensl, hepster failure.	interval between onset and death of years.
0 .	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF	F OPERATION	20. AUTOPSY?
MEDICA	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, of CAUSE OF DEATH 21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OF	Mice bldg.,etc.) INJURY OCCUR?	YES NO 14
	NJURY WHILE AT NO	OT WHILE	- C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C
	22. I hereby certify that I attended the deceased from deceased alive on May, 15, 1952 and that death 23A. SIGNATURE		23c. DATE SIGNED
24 TIG	DBURIAL CREMA- PREMOVAL (Specify) 3-14-57 244 NAME OF C	CEMETERY OF CREMATORY 24D. L	OCATION City, to or county (State)
DA	TE RECEIVED BY REGISTRAR'S SIGNATURE CAL REGISTRAR Huntington Williams,	M.J. PUNEBAL DIRECTOR	B. M. Walser
YI F	544.	34 Pratter 6	struction of



BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Buddy DEATH 3. PLACE OF DEATH: 4 USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RUPAL and give INSTITUTION Yrs. STREET ADDRESS (If rural, give location) c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years | If Under 1 Year | If Under 24 Hours | Months: Days | Hours | Min. WIDOWED, DIVORGED (Specify) Married 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMOD FORCES?
(Yes, no or unknowo) (If yes, give war or oftes of service) 16. SOCIAL ADDRESS SECURITY NO 4-01-228 INTERVAL BETWEEN 18. 401.1 DNSET AND DEATH DISEASE OR CONDITION DIRECTLY (A) Acute Bacterial LEADING TO DEATH
(This does not mean the mode of dying, e.g., Cudocarditis heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) Closizidium DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Rheum ATIC C-U. Discase IC UALUULITIS CEREBRAL, RENAL, Spleenic, InfarcTs OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED MONARY CONGESTION TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY EDICA 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED WHILE AT AT WORK 22. I hereby eartify that I attended the deceased from 2-6 , 1954 to 3-13 , 195, that I last saw the deceased alive on 3 1 13 . 195 2, and that death occurred at m., from the causes and on the date stated above. 23C. DATE SIGNED 23A SIGNATURE 238. ADDRESS 24A. BURIAL, CREMA-24C. NAME OF CEMETERY OR CREMATORY 240 LOCATION (City, town, or younty) TION REMOVAL (Specify mas 91 ADDRESS ATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR

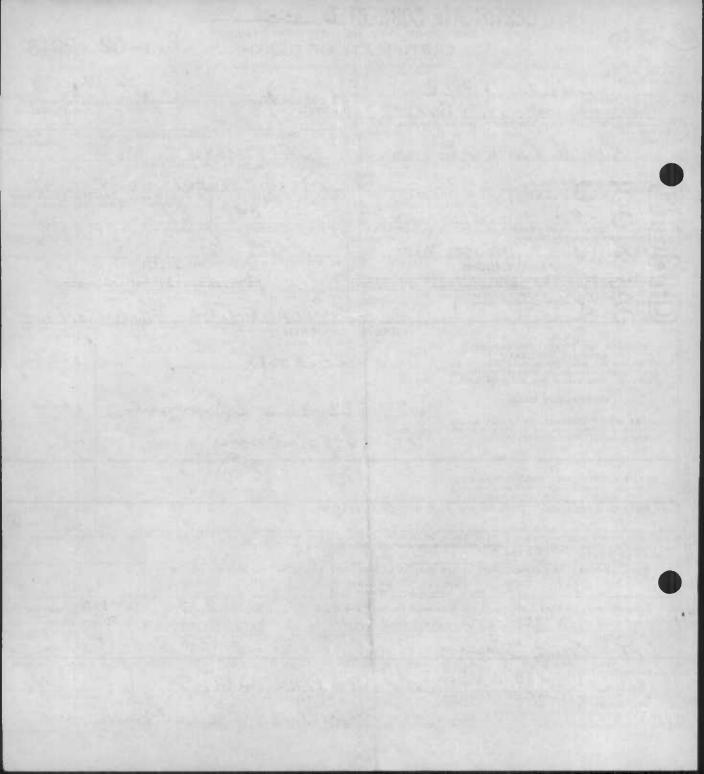
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CENTIFICATE CORRECTED 4-1-50

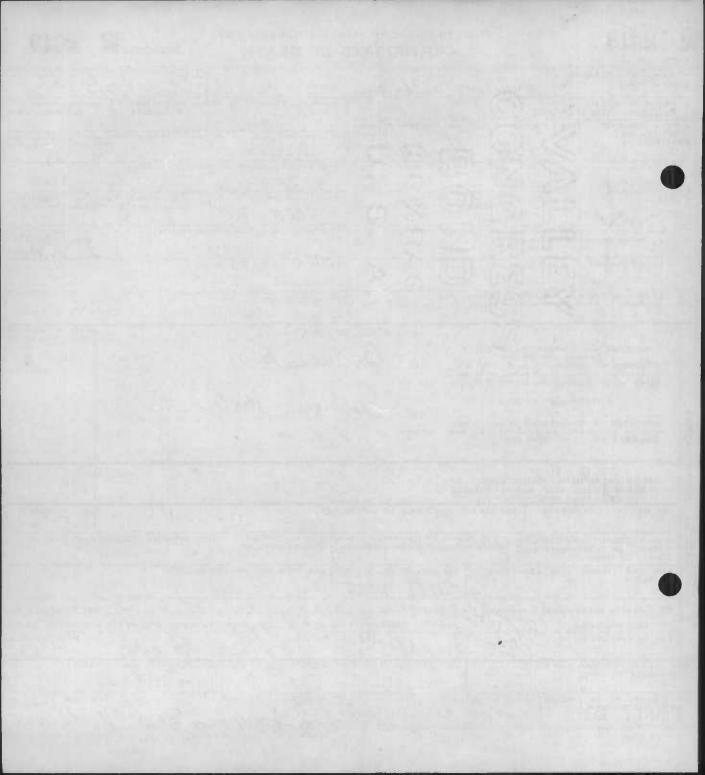
CERTIFICATE OF DEATH

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) LULA PRICE	2. DATE OF DEATH 3-17-59
3. PLACE OF DEATH: A. Baltimore City, Maryland BALTIMORE	4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate/limits, write RURAL and give
INSTITUTION 514 N. CARROLTON AVE	BALTIMORE (O C township)
Yrs.	D. STREET ADDRESS (If rural, give location)
c. ngth of stay in Baltimore 40 Days	514 N. CARROLTON. AVE
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) SEPERATE P	B. DATE OF BIRTH 9. AGE (In years I Under I Vest Months: Days Hours Min.
10A. USUAL OCCUPATION (Give kind of or or done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
DOMESTIC HOUSE WORK.	Mª /a.
13. FATHER'S NAME Q - Unknown	14. MOTHER'S MAIDEN NAME Smith
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	LULA PRICE MPL-
(You, no or unknown) (If you, give wer or dates of service) SECURITY NO.	17. INFORMANT //08 ADDRESS
18. CAUSE C	DE DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g.,	2.3 kg
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	o. 1. 1. 1. 2016
DISEASES OR CONDITIONS, IF ANY, GIVING	erelini Acompay 1 200'
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	marstenan 30
(c)	f production of the second
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERA	ATION 20. AUTOPSY?
	VES NO L
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, at reet, office bidg., el	
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY	ED 21F, HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from 774	
deceased alive on 3/11, 1952; and that death occur	100-01-0
23A. SIGNATURE Journ M. D.	1100 Presso Isa h 3/17/63
	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
BURIAL 3-20-32 ARBUTUS ME	M PARIX ARBUTUS Md.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR 9/6 ADDRESS
MAR 171952 Junington Hilliamo, M. P. Ol	MOLLAND ADJACKSON PENNA. AVE.
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BI	RTH NO.			CLICIII ICAII	L OI DLAIII			
	NAME OF DECE ype or Print)	ASED WI	lliam	Collstain		2. DATE OF DEATH 3	116/52	
	PLACE OF DEAT Baltimore City				4. USUAL RESIDENCE (Where deceased lived. B. COUNTY	If institution: residence before admission)	
B. HC	FULL NAME OF OSPITAL OR STITUTION		/	on, give street address or location)	Tr No.			
G	Ongth of stay	in Baltimore	7 Y	Yrs. Mos. Days	Marltorough		ace 2 Wilson	
	SEX 6.0	COLOR OR RACE	WIDOW	. MARRIED. ED, DIVORCED (Specify)	B. DATE OF BIRTH	67	M Under 1 Year M Under 24 Hours Months: Days Hours: Min.	
work	done during most of wor	king life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or New York C.		12. CITIZEN OF WHAT COUNTRY!	
13	. FATHER'S NAM			(1)	14. MOTHER'S MAIDEN	NAME		
	vá jo				Richael ?			
(Ye	. WAS DECEASED E	VER IN U.S. ARMEI If yes, give war or date	of service)	16, SOCIAL SECURITY NO.	17. INFORMANT Michael Goldstei	in 3446 Rei:	ADDRESS Stenstown Pond	
	18. 180	X .		CAUSE	OF DEATH		INTERVAL BETWEEN	
CERTIFICATION	heart failure, a injury or com ANT DISEASES OF RISE TO THE / UNDERLYING OTHER SIGN TRIBUTING TO	mean the mode of sthenia, etc. It mean the mode of sthenia, etc. It mean the mode of the mean that it is t	ins the disease aused death GES F ANY, GIVIN STATING THE STATING THE STATIONS CON NOT RELATE	G (B) (C)	cuoma Urex	(u		
	19A. DATE OF O			FINDINGS OF OPER	ATION	THE PROPERTY	20. AUTOPSY?	
MEDICAL	CAUSE OF DEA	DNTRIBUTING	about home, f	CE OF INJURY (e.g., in arm, factory, street, office bldg., e	otc.) INJURY OCCUR?		y give exact location)	
	22. I hereby ce deceased alive 23A. SIGNATUR		ended the	deceased fromand that death occur	7 19 7, to majfrom 3B. ADDRESS		that I last saw the the date stated above	
_	A. BURIAL, CREA		un i	24C. NAME OF CEMETE	RY OR CREMATORY 24D.	LOCATION City, tow		
	N, REMOVAL (Speci	fyi		Beth Tfiloh		ndsor Mill I	Road	
	TE RECEIVED B	20	SSIGNATU	115/37" . 1.1	Sol Leven	Brus	North au	
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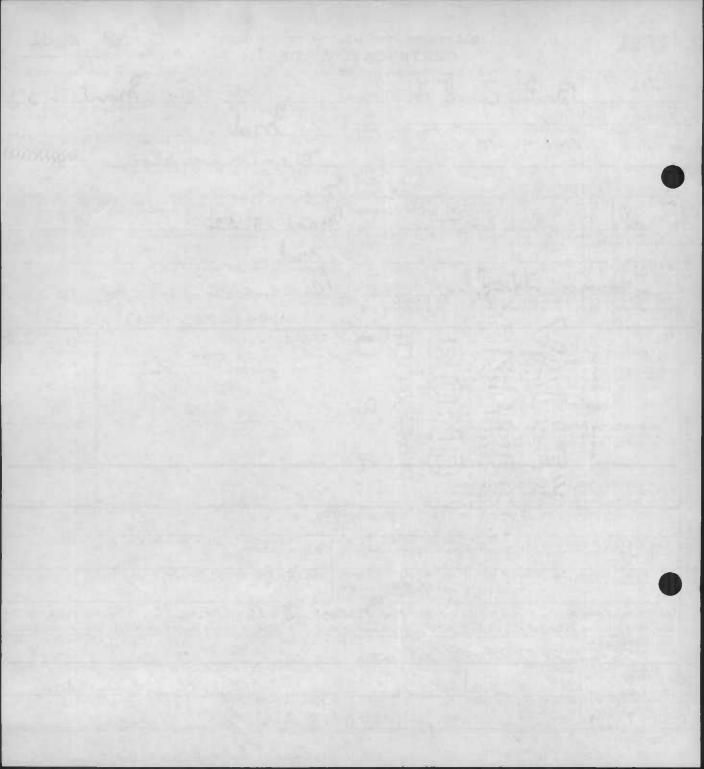


562/22 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

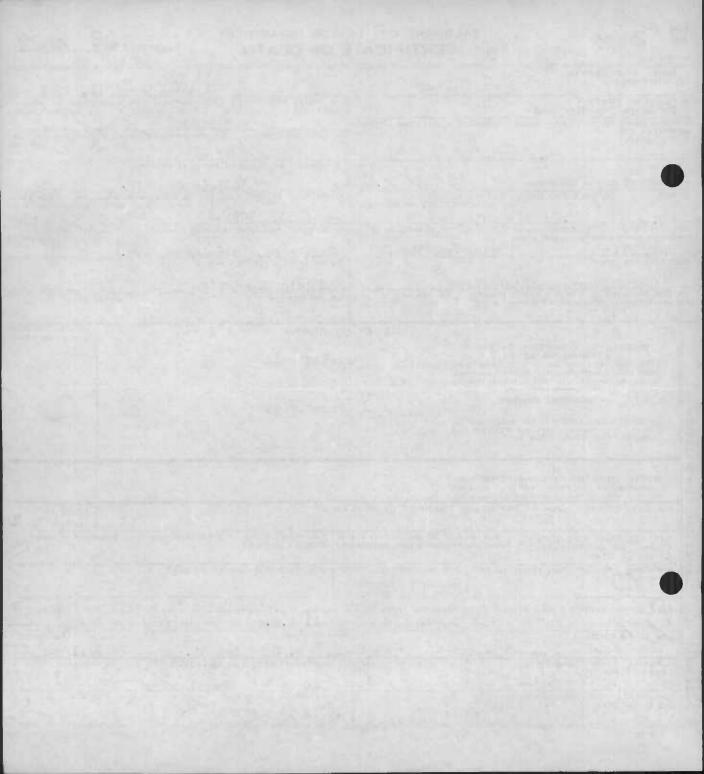
BIRTH NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE OF BRAD 4.0.4050
Albert Smith	DEATH WAR 10 1952
S. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	Mary and Baltimore C. CITY OR TOWN (If outside corporate limit, while RUIMAL and give
Maryland Penitentiary Hosp.	Baltimore. Maryland Lownship)
Yrs.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore 9 vrd Days	562 Baker St.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years) It Under I Year It Under 24 Hours
MALE BLACK SINGLE SPECIAL	RW. 91, 1925 last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KURD OF BUSINESS OR work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Laborer General	Baltimore, Md. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown Kaland & Smith	Mary Smith Mason
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or onknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
Unknown ?	Olivin Smith 562 Dakerte
18. 00 2 X CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease,	thundry deberculosis about. Her
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
0	
[C)	
OTHER SIGNIFICANT CONDITIONS CON-	- Sotopination
U TO THE DISEASE OR CONDITION CAUSING IT.	ac accordiant
	RATION 20. AUTOPSY?
21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.	o or 21c. WHERE DID (If in Baltimore City, give exact location)
	etc.) INJURY OCCUR?
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
NOT WHILE AT NOT WHILE AT WORK AT WORK	
	, 19, , to 3-15-52 , 19 , that I last saw the
deceased alive on 3-15, 19 52 and that death occur	
	23B. ADDRESS 23c. DATE SIGNED
Molnry Wo Bol Vies M.D.	Balto, Md. 3-16-52
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	TRY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Barral 3-20-195/2 Wrbules 1	xem. FR. Dala. Cs. mo.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FILERAL Funesal Frame
WAR 1 1002 Huntington Walkacies Note	4/65/ Druis Still an.
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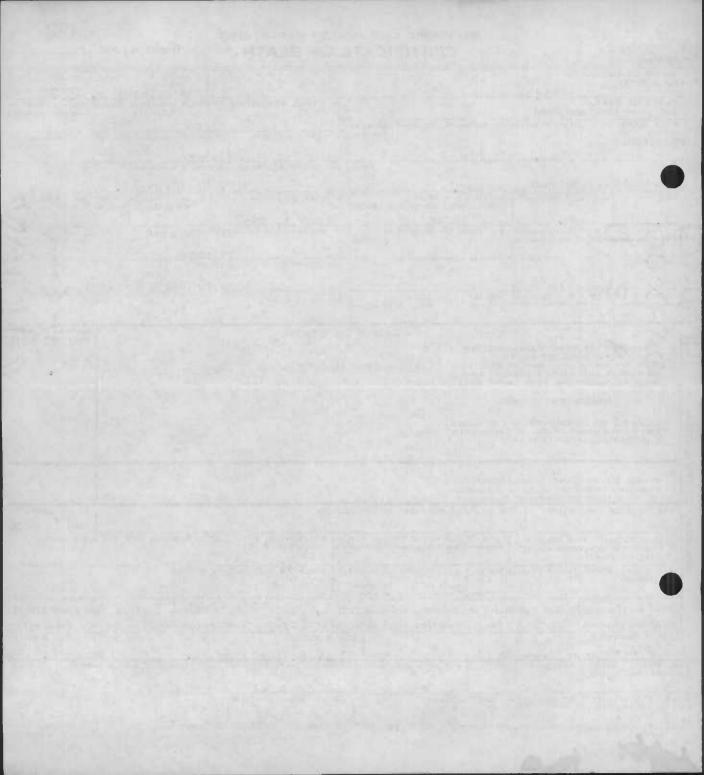
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Regi	istered No.
1. NAME OF DECEASED (Type or Print) 2. DATE OF DEATH	mas 16 5-2
3. PLACE OF DEATH: 4. USUAL DESIDENCE (Where decease	
HOCDITAL OR	orate limits, write RURAL and give township)
c. Length of stay in Baltimore Yrs. Mos. Days D. STREET ADDRESS (If rural, give lo	eation)
5 SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH last birth last birth	n years thday) Months Days Hours Min.
10A. USUAL OCCUPATION (Givekindof work dooe during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country lindustry)	(y) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME 14. MOTHER'S MAIDEN HAME 30. SALVERY STATES OF THE S	-1
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown) (If yes, give wer or dates of advice) 16. SOCIAL SECURITY NO. 17. INFORMANT JOHNS HOPKINS HO	ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	
U L II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., atc.) INJURY OCCUR?	ore City, give exact location)
O. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? WHILE A WORK AT WORK	
22. I hereby certify that I attended the deceased from war . 18, 1952 to man. 16	and on the date stated above. SPITAL 23C. DATE SIGNED
TION, REMOVAL (Specify) 3/	City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR MAR 17 1937 Huntington Hilliams M. (D. D. Amillace 4.	ADDRESS
VS 150	New Mudser



5	2 250	22		TIMORE CITY HE	EALTH DEPARTMENT	Registered	52	2022
	IRTH NO. 5	2-056	10	CERTIFICATI	E OF DEATH	are g. Secret		^
	NAME OF D Type or Print)	ECEASED				2. DATE OF		
3	PLACE OF D	EATH:		Prise	4. USUAL RESIDENCE (V	Vhere deceased lived		1952
A	Baltimore (City, Maryland			A. STATE	B. COUNTY		fore admission)
H	FULL NAME OSPITAL OR	OF (If not in hospit	al or institut	ion, give street address or location)	c, CITY OR TOWN (If	land outside corporate lin	ofts, write R	URAL and give
Ti	ISTITUTION.	St. Jo	canh le				7-0	township)
		00.00	achii a	Yrs.	D. STREET ADDRESS (If	rural, give location)	1	1
c. hgth of stay in Baltimore 1 half hr Days				1615	Lamont Ave			
5	SEX	6. COLOR OR RACE		E. MARRIED. /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year	If Under 24 Hours
	3.5	W.	Sing	le	March 11, 1952			30_
		CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country)		IZEN OF AT COUNTRY?
_	Ship Fit		Bethle	hem Steel	Baltimore, 1615	Lamont Ave		.,
13	3. FATHER'S	NAME		Shipport	14. MOTHER'S MAIDEN N.	AME		
_		George Walt		e	_ Goldie Mae Lew	is		
(Y	5. WAS DECEASI	D EVER IN U. S. ARMEI	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
_								
CERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-						ET AND DEATH	
٢	19A. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION			AUTOPSY?
MEDICAL							t location)	
	deceased at	live on March	11952	and that death occur	red all a.M.n., from t	he causes and on	the date	stated above.
	23A. SIGNA	TURE	1	2	3B. ADDRESS			ATE SIGNED
2 11	AA BURIAL. (SON) REMOVAL (SON) ATE RECEIVE OCAL BEGIST	D BY REGISTRAR	52	Villagua of	1400 N. Caroline RY OR CREMATORY 24D. L 25. FUNERAL DIRECTOR	St. SOLVE SOLV	3/1. vn, or county ADDRE	d
	VS 150			3 4		William Panjski	1	
				585 3	2 U		U	1419-



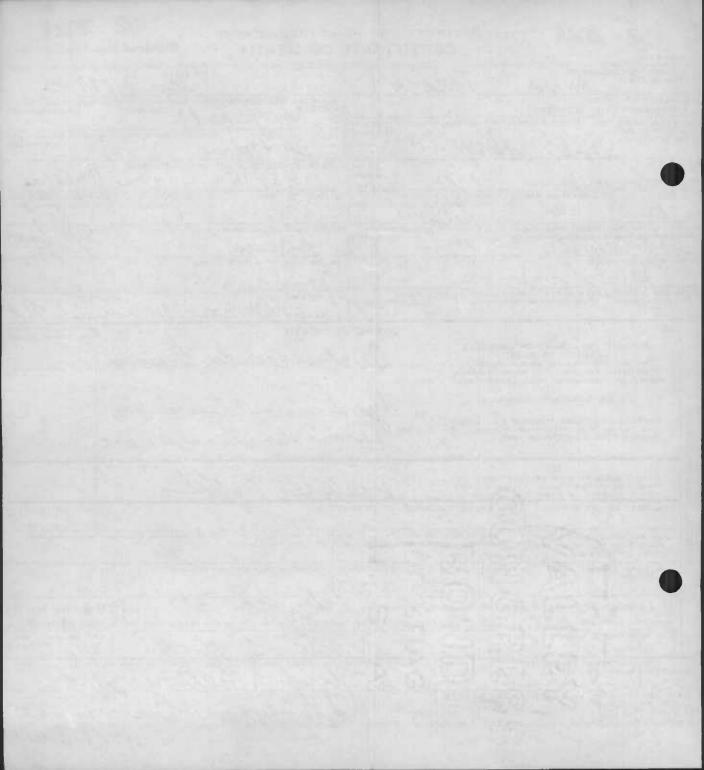
	300		RA	TIMOPE CITY U	EALTH DEPARTMENT	. 52	2623
2	2000	2 - 2 - 1 - 1 - 1			E OF DEATH	Registered No.	
	RTH NO!		69		E OI DEATH		
(T	NAME OF D ype or Print)	ECEASED				2. DATE OF	
3.	PLACE OF D	EATH: "hite			4. USUAL RESIDENCE (Where deceased lived, If inst	1952
		City, Maryland			A. STATE	B. COUNTY	before admission)
H	FULL NAME OSPITAL OR	OF (If not in hospit	al or institu	tion, give street address o location		land If outside corporate limits,	esta DEDAT and sive
11/	SHIVINGN	C+ T	a a mb l a			1-6	township)
		D 60 00	seph's	Yrs.	D. STREET ADDRESS (1	i more f rural, give location)	
C	ngth of s	tay in Baltimore	7 30	Mos. Days			
5.	SEX	6. COLOR OR RACE		E, MARRIED.	8. DATE OF BIRTH	McEldrey St.	H 1 Year If Under 24 Hours
	3.7	VV		ved, divorced (Specif) ngle		last birthday) Month	s Days Hours Min.
10	A JUAL OC	CUPATION (Give kind of		OF BUSINESS OR	March 1, 1952 11. BIRTHPLACE (State or	foreign country) 12	CITIZEN OF
worl	k done during most o	of working life, even if retired)		INDUSTR	Y		WHAT COUNTRY?
13	FATHER'S	IAME			14. MOTHER'S MAIDEN	imore	
15	. WAS DECEASE	branklin And	rew Whi	16. SOCIAL		nor Mary Morgan	
(Yo	s, no or unknown)	(If yes, give war or date	s of service)	SECURITY NO.	17. INFORMANT	ADDI	RESS
-	10 00 0	,					
	18. 771	o X I		CAUSE	OF DEATH		ONSET AND DEATH
		E OR CONDITION LEADING TO DEAT					
	heart failu	not mean the mode ore, asthenia, etc. It mea	ns the diseas	se,	aturi ty		
	injury or	complication which c	aused death	a.) DUE TO			
	ANTECEDENT CAUSES						
O		OR CONDITIONS, II			***************************************	***************************************	
ATION		HE ABOVE CAUSE (A)		HE DUE TO			
FICA				(C)		***************************************	
4		11					
ERT		IGNIFICANT CONDI					
Ü		SEASE OR CONDITION					
اد	19A. DATE O	F OPERATION 1	9B. MAJOR	FINDINGS OF OPE	RATION		20. AUTOPSY?
DICA	21: ACCID	ENT WAS IMPED	1 21a Di	ACE OF INJURY (c. g.,	in or 21C. WHERE DID	(If in Baltimore City, give	YES NO X
ED	LYING OF	ENT WAS UNDER.		farm, factory, street, office bldg.	.etc.) INJURY OCCUR?	(11 in Daitimore City, give	exact location)
Σ	CAUSE OF	Month) (Day) (Year)	(Hour) 1	21E. INJURY OCCURE	RED 21F. HOW DID INJUR	V OCCUP?	
	INJURY	month, (Day) (Teat)		WHILE AT NOT WHILE		TT OCCUR?	
1			m.	WORK AT WORK			
	22. I hereby certify that I attended the deccased from March 1, 1952, to March 1, 1952, the						
	defeated alive on March 1, 1952 and that death occurr						
	23 A. SIGNAT	. \	01		23B. ADDRESS	2	3c. DATE SIGNED
24		REMA- 248. DATE	so ho	M. D. 24C. NAME/OF CEMETE	1100 N Caroline	St. N	arch 2, 1957 county) (State)
TIE	BURIAL C	pecify)	1/-	7/	CREMATORT 24B.	12 n 1	County) (State)
1	ATE RECEIVED	D BY BEGISTON	SIGNATI	Taly 1	Callmus /	Jales 1.	CO CO
	CAL REGISTI	RAR	ston 1	17190	25. FUNERAL DIRECTOR	5345 17	DORESS'
R.B	AP 1 7'19	52	A	Vinesus My	XX Week	Jood Ha	yord rd
-21	VS 150		0		H		1
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BALTIMORE CITY HEALTH DEPARTMENT CEPTIFICATE OF DEATH

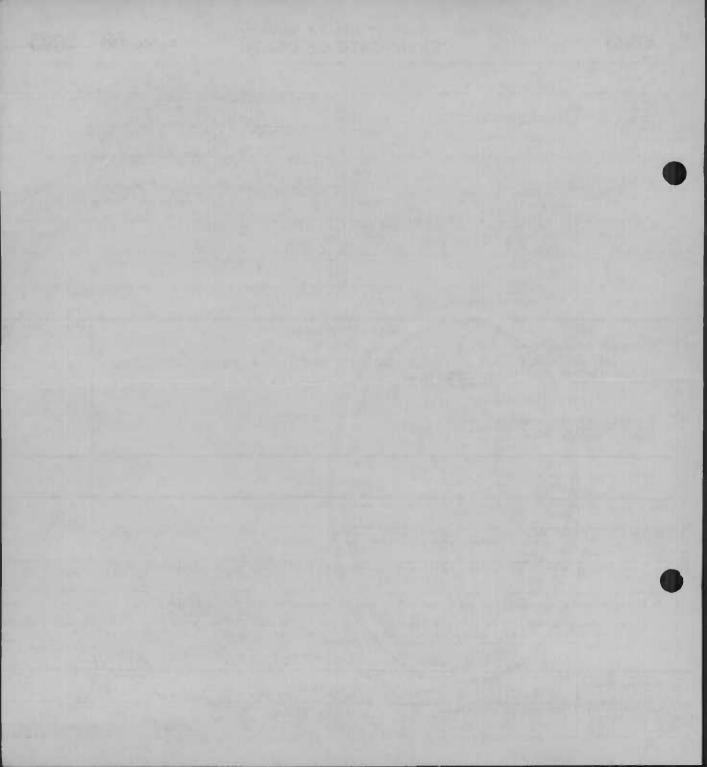
52 2621 Registered No-

BIRTH NO.	RIFICATE	OF DEATH					
1. NAME OF DECEASED (Type or Print) ANNA TER	ReN	2. DATE OF DEATH 3/17/52					
3. PLACE OF DEATH: A. Baltimore City, Maryland		A. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)					
B. FULL NAME OF (If not in hospital or institution, I HOSPITAL OR INSTITUTION	give street address or location)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)					
Sindi Hosp.		DAITIMONE 2/1/					
c. ngth of stay in Baltimore 40 YRS	Yrs. Mos. Days	o. STREET ADDRESS (If ryel give) location) 3 40 1 W. ogks whene					
E wie	ARRIED. DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (1) years If Under 17 Hours last bitthday) Months Days Hours Min.					
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF work doubduring most of working life, of en if retired)	BUSINESS OR INDUSTRY	11. BIRTHILACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
13. FATHER'S NAME		MOTHER'S MAIDEN NAME					
a and ninsk		milan:					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	SECURITY NO.	Jouis J. Berman-3810 Cederdale Rd.					
18. 443X	CAUSE C	OF DEATH INTERVAL BETWEEN ONSET AND GEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	DISEASE OR CONDITION DIRECTLY						
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	(This does not mean the mode of dying, e.g.,						
injury or complication which caused death.)							
ANTECEDENT CAUSES	ANTECEDENT CAUSES Augusten Continue of the con						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	DUE TO						
UNDERLYING CONDITION LAST.	(G) Chr	dio Vascular dereare					
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Dia	heter Mellities					
194. DATE OF OPERATION 198. MAJOR FIN	DINGS OF OPERA	ATION 20. AUTOPSY?					
21a. ACCIDENT WAS UNDER. 21b. PLACE LYING OR CONTRIBUTING about home, farm, f	OF INTERVAL	YES NO.					
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21B. PLACE OF INJURY (c. g., in or about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?							
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK NOT WHILE AT WORK							
					22. I hereby certify that I attended the dec	705, to 3/17, 1957, that I last saw the	
deccased alive on 3/17, 1952 and	rea at 2 m., from the causes and on the date stated above.						
23A. SIGNATURE	M. O.	3B. ADDRESS 23c. DATE SIGNED					
24A. BURIAL CREMA- 24B DATE TION, REMOVAL (Specify) 3/8/52/2001		RY OF CREMATORY 240 TOCATION (City, town, or conty) (State)					
DATE RECEIVED BY I REGISTRAR'S SIGNATURE	1.	25 FUNERAL DIRECTOR ADDRESS					
MAR 18 1952 Tunington Valegues, My Jole neverson 1212 -1124-26 W.							
VS 150		North arenne					



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 2025

	BIRTH NO.						
	1. NAME OF DECEASED (Type or Print)	2. DATE OF 2 =					
-	3. PLACE OF DEATH:	DEATH 3 13-52					
	A. Baltimore City, Maryland	A. STATE B. COUNTY before admission					
	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	I C. CITT OIL I CANTA XIII OURSING CON POTAGE THE INC. TO SELECT THE INC.					
	Franklin Square Hosp.	Bottemore 17- Www.ship					
	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)					
	Length of stay in Baltimore Days	18. DATE OF BIRTH 19. AGE (In years) If Under 1 Year H Under 24 Heur					
	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify)						
-	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF					
1	Took done during most of working life, even if registed) INDUSTRY WHAT COL						
	13. FATHER'S NAME NOTA PLATING (D)	14. MOTHER SMAIDEN NAME					
	Frank Fouces.	2. ()					
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO.	17. INFORMAND ADDRESS 6214					
		Mrs. dorena Gok- Inamore					
	18. 4 2 2.1 CAUSE	OF DEATH INTERVAL BETWEE					
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	and the Oil and I De al					
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,						
	injury or complication which caused death.) DUE TO						
	ANTECEDENT CAUSES						
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.						
	(C)						
	OTHER SIGNIFICANT CONDITIONS CON-						
Ш		RATION 20. AUTOPSY?					
		YES X NO					
Ш	21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e. g., 1) UNDERLYING OR CONTRIB. about home, farm, factory, street, office bldg						
	UTING CAUSE OF DEATH.						
Ш	Z ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR INJURY WHILE AT NOT WHILE						
Ш	m. WORK AT WORK	2111					
Ш	22. I certify that I took charge of the remains described above, held an Tarket Autopsy, Inspection or Isquiry						
Ш	the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated abound death in my opinion resulted from: natural causes X , accident \square , suicide \square , homicide \square , undetermined \square .						
	23A. SIGNATURE . 1	1 23B CHIEF MEDICAL EXAMINER TI 23C, DATE SIGNED					
		ASSISTANT MEDICAL EXAMINER 3-/6-52. I.D. MEDICAL INVESTIGATOR RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)					
Ш	TION REMOVAL (Specify)	CRY OR CREMATORY 24B. COCATION (City, town, of country)					
	DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR? ADDRESS					
	LOCAL REGISTRAR	Jack S305 Harring Rd					
	The state of the s						
11	V S 151 6353						



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2	Se56	
DID.	OK HT	

BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.					
1. NAME OF DECEASED Elizabeth Heinbuch 2. DATE OF DEATH MA	ar. 15-1952				
3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY	If institution: residence before admission)				
B. FULL NAME OF (If not in hospital or institution, give street address or	its, write RURAL and give				
5007 Halder (ine Battimore	Lowinghip				
Yrs. D. STREET ADDRESS (If rural, give location)					
c. Length of stay in Baltimore Days 5007 Folder 6. COLOR OR RACE 7. SINGLE, MARRIED. 9 DATE OF BIRTH 9. AGE (In years)	If Under 1 Year If Under 24 Hours				
Jemale White WIDOWED DIVORCED (Specify) June 4-1878 last birthday) 1	Months Days Hours Min.				
10A. USUAL OCCUPATION (Give kind of reciprocal to the control of t	12. CITIZEN OF WHAT COUNTRY				
13. PATHER'S NAME 14. MOTHER'S MAIDEN NAME					
13. PATHER'S MAIDEN NAME					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yos, give wysfor dates of service) SECURITY NO 17. MFORMANT	1 PANESCO				
(Yes, Moor unknown) (If yes, give welfor dates of fervice) SECURITY NO. 11. No. 22 Keenbuch	APPRESS				
18. 331% CAUSE OF DEATH	INTERVAL BETWEEN				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH COLUMN TO DEATH	2 days				
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase,	a very				
injury or complication which caused death.) DUE TO					
ANTECEDENT CAUSES Classificated Homenflage, 194461	946				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO					
UNDERLYING CONDITION LAST. (C) Ty furtention	10 yr				
OTHER SIGNIFICANT CONDITIONS CON-					
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?				
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in or 21c, WHERE DID (If in Baltimore City,	YES NO , give exact location)				
W CAUSE OF DEATH					
P. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?					
m. WHILE AT NOT WHILE AT WORK AT WORK					
22. I hereby certify that I attended the deceased from Jack 1, 192, to 3 - 15, 19	that I last saw the				
deceased alive on 3 - 14 195 and that death occurred at A m., from the causes and on					
28A. SIGNATURE LEADING M. D. 5/16 Harlock Boak	23C. DATE SIGNED				
24A. BURIAL CREMA 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, tow	n, or county) (State)				
Hurial 9/17/521 Parkwood Dalso	me				
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR	ADDRESS !				
MAP 171059 Muntington Will Tune 150 X Ruck 3305	Harford				
VS 150	//				

Dr. gordy

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

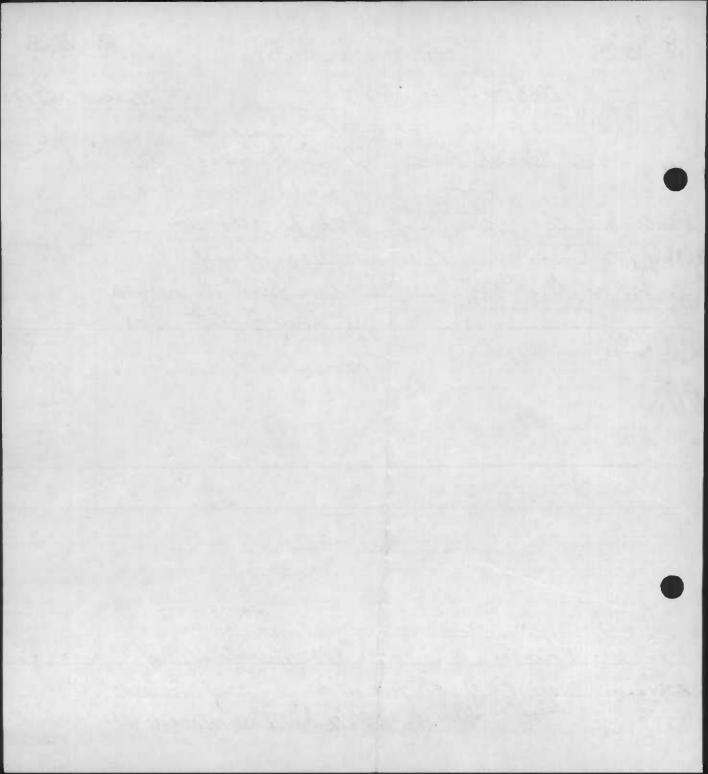
BIRTH NO.		
1. NAME OF DECEASED (Type or Print)	ones 2. DATE OF DEATH MA	11.14-1952
3. PLACE OF DEATH: A Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived. If in	stitution; residence before admission
B. FULL NAME OF (If not in hospital or institution, give street addresso HOSPITAL OR location	c. CITY OR TOWN (If putside corporate limits)	write RURAL and give
INSTITUTION 2403 Photos Diold	Baltemare O	township)
Yrs. Mos.	D. STREET ADDRESS (Frural, give locative)	16.
c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED.		A Clare 1 Year 1 if Under 24 Hours
male Turkita MIDOWED, DIVORCED (Specify		the Days Hours Min.
10A JSUAL OCCUPATION (Givekind of Month	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF
selered Restaurant Owner	Baltimare, Md.	WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	limelia Tarr	
(Yes, no or anthown) (If yes, give par or disease of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	DRESS Same
18. 420.1 CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	0.0	ONSET AND OEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	oney occus	77.
injury or complication which caused death.) OUE TO	, -	
Z ANTECEDENT CAUSES	my oraclelo	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	Les Ceuseon	
ONDERETING CONDITION EAST.	lus 5 Choro	
L CTUED CICNETCANT CONDITIONS		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		300
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY
U 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g.,	iu or 21c. WHERE DID (If in Baltimore City, giv	YES NO 1
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	INJURY OCCUR?	e exact location)
TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE		
m. WHILE AT NOT WHILI		
deceased alive on mark 12,1952, and that death occu	191, to March 7, 19J2	that I last saw the
23A. SIGNATURE	erred atm., from the eauses and on the	239. DATE SIGNED
D Vardug M.O.	3805 Belan Rd	3/17/52
24A. BUDIAL, CREMA- TION REMOVAL (Specify) 3/8/52 24C. NAME OF CEMEN	ERY OR CREMATORY 24D. LOCATION (City, town, or	r County) (State)
DATE RECEIVED BY RECISTRAR'S SIGNATURE	25. EUNERAL DIRECTOR	ADDRESS
MAR 171952 Juntington Williams, My	164 Korck 5305 /	arding
VS 150		

Dr. Harding 2088

. 3	10
52	2628
BIRTH	NO.

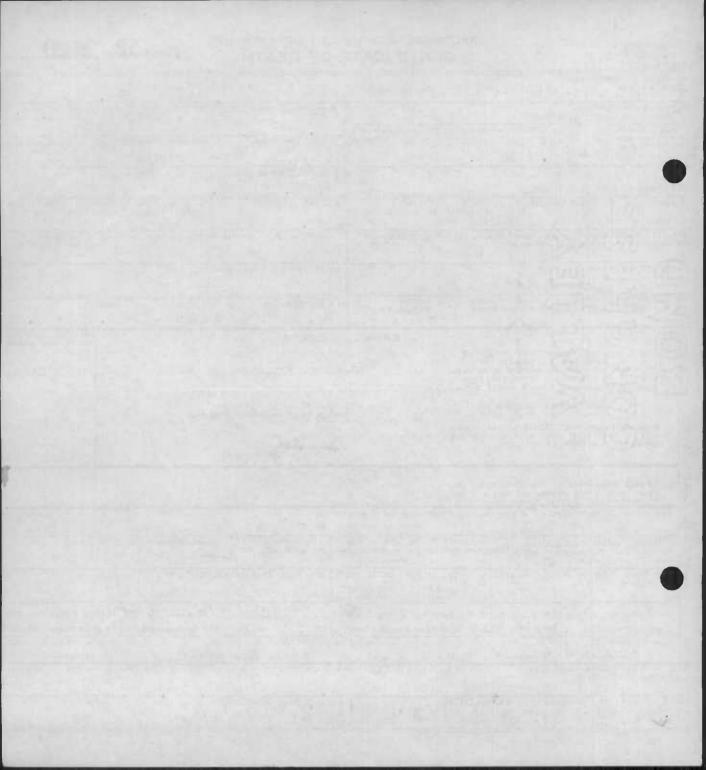
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	NAME OF DECEASED				2. DATE	-
(1	Cype or Print)	EPH A	GET	rz.	DEATH MAA	M. 15 1950
	PLACE OF DEATH: Baltimore City, Maryland		. 0 0 .	4. USUAL RESIDENCE		nstitution: residence before admission)
		al or institution, give	e street address or	mu. Ana	id.	
	OSPITAL OR		Iocation)		If outside corporate Minits,	wifte RUKAL and give
IIV	ISTITUTION 2678 B.	A 10.0		1	16-	township)
u,	DOGO RICE	en co	V	D. STREET ADDRESS. (I		
		-Pn	Yrs. Mos.	D. STREET ADDRESS (I	f rural, give location)	
C	ength of stay in Baltimore	defe	Days	3628 Bee	ch ave.	
5.	SEX 6. COLOR OR RACE	7. SINGLE, MARI	RIED, VORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years litt last birthday) Mon	Inder I Year H Under 24 Hours ths: Days Hours: Min.
1	rale where	mari	uf i	Caref 20 1887	64	
10	DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)	TOB. KIND OF BU		YI. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
	tried Electrician	HB . f1	INDUSTRY.	manuela		2 WHAT FOUNTRY?
13	B. FATHER'S NAME		marlens	14. MOTHER'S MAIDEN	NAME A	CC. 2.
	110 4 1	4	AIRPLANCIA)	The mother of manders	VANIE	1
	John W. X	els.		margaret.	a. Joseph	
15	5. WAS DECEASED EVER IN U. S. ARMED	FORCES! 16. S	OCIAL	17. INFORMANT	AD	DRESS
(10	(11 yes. give was of dates	of sagrice)	ECURITY NO.	11072	11th - 41 50	Beech Tive
			211127	Lana V.XI	aux 21000 p	INTERVAL BETWEEN
	18. 420.1		CAUSE	OF DEATH		ONSET AND DEATH
	DISEASE OR CONDITION I		P	TO	1	/
	(This does not mean the mode of	f dying, e.g.,	(A) 100	coursey Ke	randrosis	Muce
	heart failure, asthenia, etc. It mean injury or complication which ca		UE TO			
		and deathin, by				
	ANTECEDENT CAUS	ES				
0	BIGE LOSS OF SOMBINOUS		(B)			
읟	DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A)	STATING THE DE	UE TO			
ATI		STATING THE DE				
CAT	RISE TO THE ABOVE CAUSE (A)	STATING THE DE	(C)			
FICATI	RISE TO THE ABOVE CAUSE (A)	STATING THE DE				
RTIFICATI	RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAS	STATING THE DEST.				
ERTIFICATI	RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAS	STATING THE DEST. TIONS CON- NOT RELATED				
RTIFICATI	RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAS II OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT IT TO THE DISEASE OR CONDITION	STATING THE DEST. TIONS CON- NOT RELATED	(C)	RATION		20. AUTOPSY?
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 2029

BIRTH NO.		CERTIFICATI	E OF DEATH		. 102
1. NAME OF DECEASED (Type or Print)	ALICE FO	STER GRAY		2. DATE OF DEATH	er. 16, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (W		
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)		Md. c. CITY OR TOWN (If			
INSTITUTION 300 E. 2	9th St.			outside corporate iimi	its, write RUP (1, and give township)
	, 012	Yrs.	Baltimore D. STREET ADDRESS (If:	rural, give location)	
c. Length of stay in Baltimore		Mos. Days	300 E. 29th St.		
female white		MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH NOV. 2, 1869		if Under 1 Year H Under 24 Hours onths Days Hours Min.
10A. USUAL OCCUPATION (Give kind work done during most of working life, even if retire Housewife	of 108. KIND	INDUSTRY	11. BIRTHPLACE (State or for England	reign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN NA	AME	1
William Fosts	or		(?)		
15. WAS DECEASED EVER IN U. S. ARM (Yes, no or unknown) (If yes, give war or decease)	ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Mr. A. J. Eller		E. 20th St.
18. 450.0		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION LEADING TO DE (This does not mean the mode	ATH	w W	semia		1 day
heart failure, asthenia, etc. It m injury or complication which	eans the discase		T. W. T.		
ANTECEDENT CA	USES		1. T. C-0.		
Z DISEASES OR CONDITIONS		(B)	nus > scorps	4	3 40.
RISE TO THE ABOVE CAUSE ()		E DUE TO	Similate		
		(C)			
DISEASES OR CONDITIONS RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION OTHER SIGNIFICANT CON TRIBUTING TO THE DEATH, BU TO THE DISEASE OR CONDITION	T NOT RELATED				
19A. DATE OF OPERATION		FINDINGS OF OPER	ATION	, , , , , , , , , , , , , , , , , , , ,	20. AUTOPSY?
T V					YES NO
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH		CE OF INJURY (e. g., in rm, factory, atreet, office bldg., e		f in Baltimore City,	give exact location)
p. TIME (Month) (Day) (Yes	w	1E. INJURY OCCURRE	21F. HOW DID INJURY	OCCUR?	
22. I hereby certify that I a			1950 to	march 16 195	2, that I last saw the
deceased alive on much		100000000000000000000000000000000000000	red at 1's m., from th		the date stated above.
23A, SIGNATURE A. Al	uns hi		3B. ADDRESS 18 70 Cutaw p	Race	must 1)-52
24A. BURIAL, CREMA. 24B. DATE TION, REMOVAL (Specify)	2	4c. NAME OF CEMETER	RY OR CREMATORY 24D. LC		n, or county) (State)
Buriel 3/8/	J C		Cem. Belt	., Md.	Pappers
LOGAL REGISTRAR	alimater	Williams M	25. FUNERAL DIRECTOR	bener 4:	ADDRESS
VS 150	Q			Ball	, and



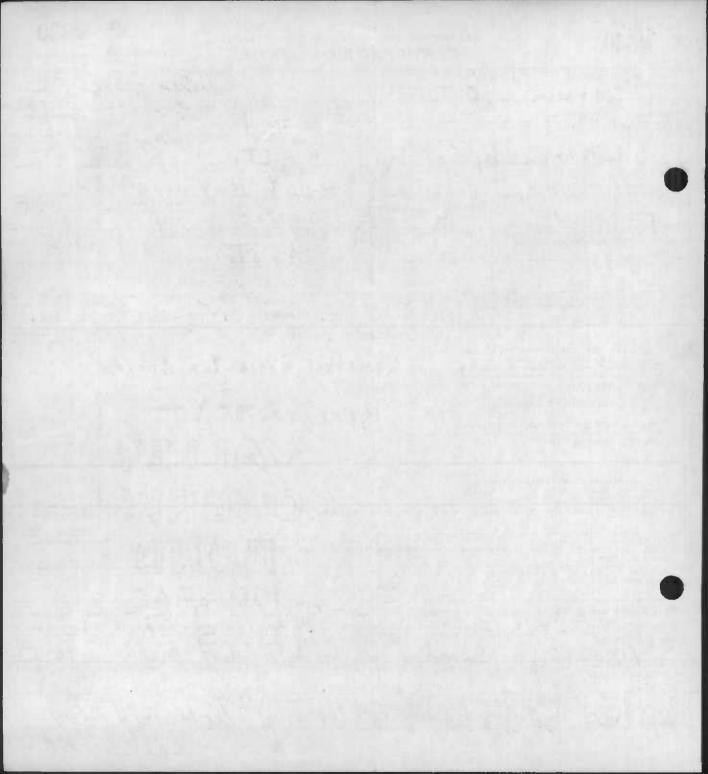
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BIRTH	NO H

BALTIMORE CITY HEALTH DEPARTMENT

52 2630

Registered No-CERTIFICATE OF DEATH presa I. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mag ngth of stay in Baltimore Davs V WOO 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH AGE (In years if Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours Min. 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? At Home Unisowife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Cizek Joharna Mantsch 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO Mr. Clarence M. Ott - 4108 Hayward Ave. no INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Vas Eulan Accident (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES HyperTension ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT U 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY? EDICAL NO 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY WHILE AT NOT WHILE WORK 22. I hereby certify that I attended the deceased from 3 - 15 , 195 20 3 - / 6, 195 that I last saw the deceased alive on .] - /6, 195 Land that death occurred at / Am., from the causes and on the date stated above. 23A SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY | 2 D. LOCATION (City, town, or county) 24B. DATE Burial Druid Ridge Cem. Pikesvillet DATE RECEIVED BY 25 FUNERAL DIRECTO REGISTRAR'S SIGNATURE LOCAL REGISTRAR

VS 150



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED MARILYN B. WESSEL 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City. Maryland A. STATE B. COUNTY maryland (If not in hospital or institution, give street address or B. FULL NAME OF (If outside corporate limits, write RURATI and give C. CITY OR TOWN INSTITUTION al printed of D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE If Under 1 Year last birthday) Months Days Hours Min. WIDOWED DIVORCED (Specify) 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY Balt mon Md, 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 18. CAUSE OF DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart fuilure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TD ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICA 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F, HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT NOT WHILE [1949, to Marry 15, 1957 that I last saw the 22. I hereby certify that I attended the deceased from_ 2m., from the causes and on the date stated above. deceased alive on March 15 1952, and that death occurred at_

Surial DATE RECEIVED BY LOCAL REGISTRAR

24A. BURIAL, GREMA-TION REMOVAL (Specify)

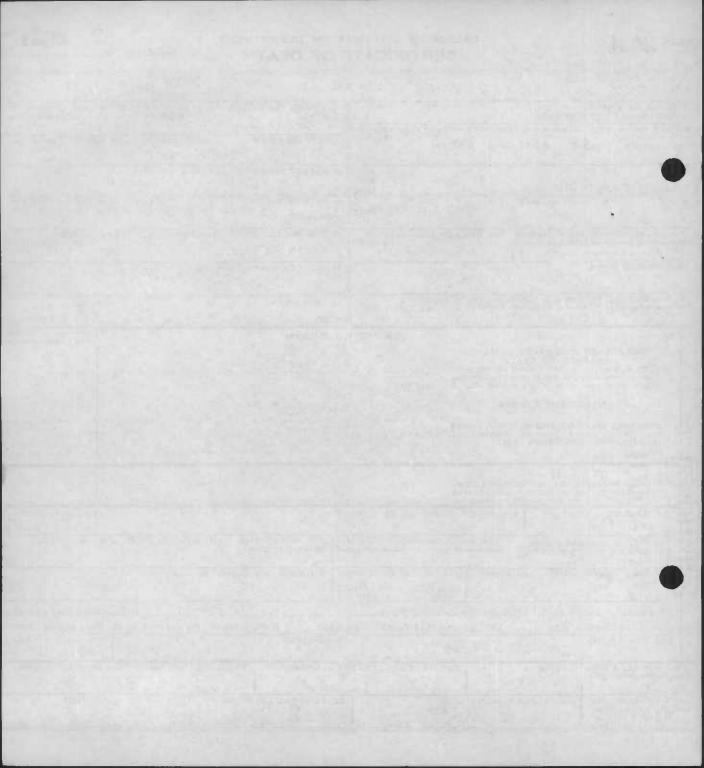
23A. SIGNATURE

REGISTRAR'S SIGNATURE

23B. ADDRESS

24D. LOCATION (City, town, or county)

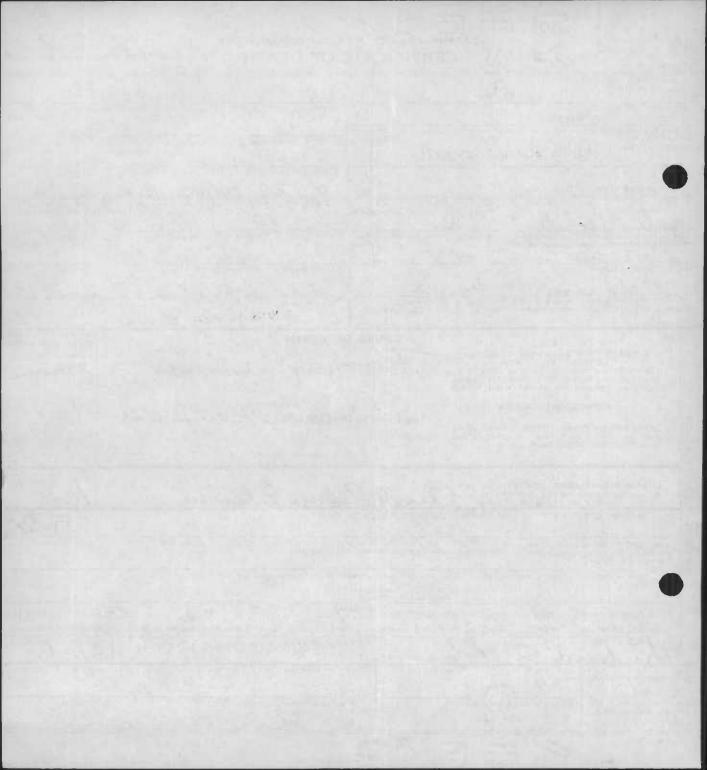
Varkorik 25. FUNERAL DIRECTOR (



4 50

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIRTH NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE OF MAD 1.0 1050
S. PLACE OF DEATH:	DEATH WAR 15 1957
A. Baltimore City, Maryland	A. STATE B, COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	c. CITY OR TOWN (If outside corporate hings, write RURAL and gi
JOHNS HOPKINS HOSPITAL	Ralkingha LI- township
Yrs.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Mos.	5-329 MADIO AVA
5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF SIRTH 9. AGE (In years If Under I Year II Under 24 Hou
M.O. L. T. A. WIDOWED, DIVORCED (Specify)	last hirthday) Months: Days Hours: Mir
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
work done during most of working life, even if retired) the text Parken	Scotland WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William & unn	Laral M. Alane
15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
No Secontino	JOHNS HOPKINS HOSPITAL
18. 420.0 , CAUSE	OF DEATH INTERVAL BETWEE
DISEASE OR CONDITION DIRECTLY	C
(This does not mean the mode of dying, e.g., (A)	mary Embolismu 5 min
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
	schoolic Kart Disease Turo
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
<u>L</u>	
OTHER SIGNIFICANT CONDITIONS CON-	2. 61
TRIBUTING TO THE DEATH, BUT NOT RELATED COLLEGE TO THE DISEASE OR CONDITION CAUSING IT	elm. Edema luk
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
	YES NO
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in about home, farm, factory, atreet, office bldg., e	
P. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
INJURY WHILE AT NOT WHILE MORK AT WORK	
22. I hereby certify that I attended the deceased from 3 -	9- , 1952, to 3-16- , 1952 that I last saw ti
deceased alive on 3-16- 1952, and that death occur	red at Cm., from the causes and on the date stated abov
23A SIGNATURE 2	38. ADDRESSINS HOPKINS HOSPITAL 230. PATE SIGNER
Kuhund Most R.o.	3/6/57
24A. BUNIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State
Burial 1/19/52 Cathe	trak, or Apalto. Md.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25: FUNERAL DIRECTOR ADDRESS
MAR 17:1952 Thurting to 19:11	41 - Ook Jac. 1217 24, June J.
A TOMATICA AS I	

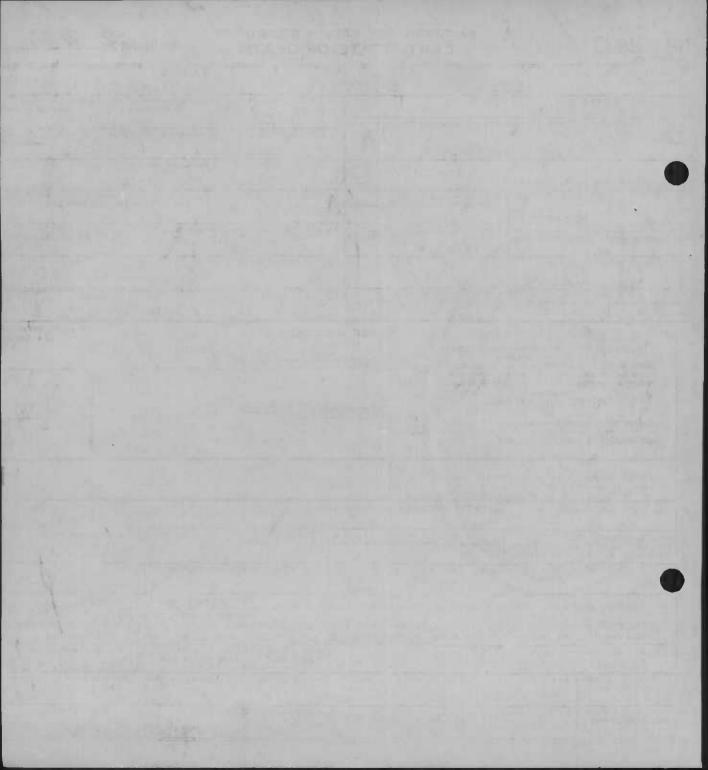


E0 0000	EALTH DEPARTMENT E OF DEATH Registered No
I. NAME OF DECEASED (Type or Print) LOUIS MC KEEV	
3. PLACE OF DEATH: A Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission) Maryland
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION St. Agnes Hospital	
Cength of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 3004 Brighton Street
5. SEX 6. COLOR OR RACE 7. STINGLE, MARRIED, WIBOWED, DIVORGED (Specific	8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hours
Male White 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME DANIA ME KASALA	14. MOTHER'S MAIDEN NAME Maria Kirasa
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unhoown) (If yes, give war or dates of service) SECURITY NO.	Garas Wekyrery 3004 Brighton St
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or compleation which caused death.) ANTECEDENT CAUSES Z DISEASES OR CONDITIONS. IF ANY. GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	onary occlusion eardial infarct rysm of the heart
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OPERATION 19B. MAJOR FINDINGS OPERATION 19B. MAJOR FINDINGS OPERATION 19B. MAJOR FINDINGS OPERATION 19B. MA	RATION 20. AUTOPSY?
21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.	
ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF INJURY TINJURY TI	
and death in my opinion resulted from: natural cause	Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the day stated above
24A. BURIAL, GREMA- 24B. DATE 124C. NAME OF CEMETE	238. CHIEF MEDICAL EXAMINER. 23C. DATE SIGNED ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR MEDICAL INVESTIGATOR (City, town, or county) (State)
TION, REMOVAL (Specify)	125 FUNERAL DIRECTOR ADDRESS

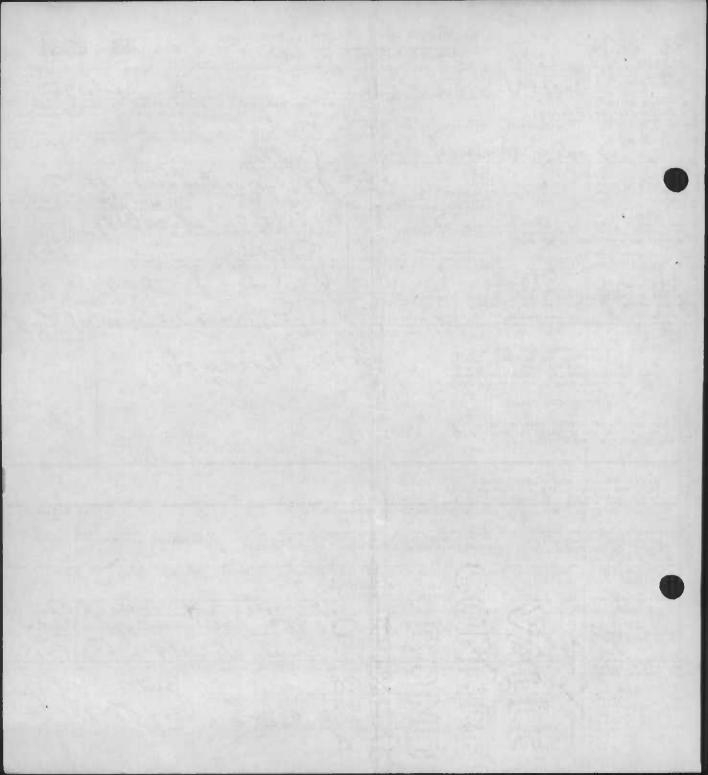
V S 151

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE



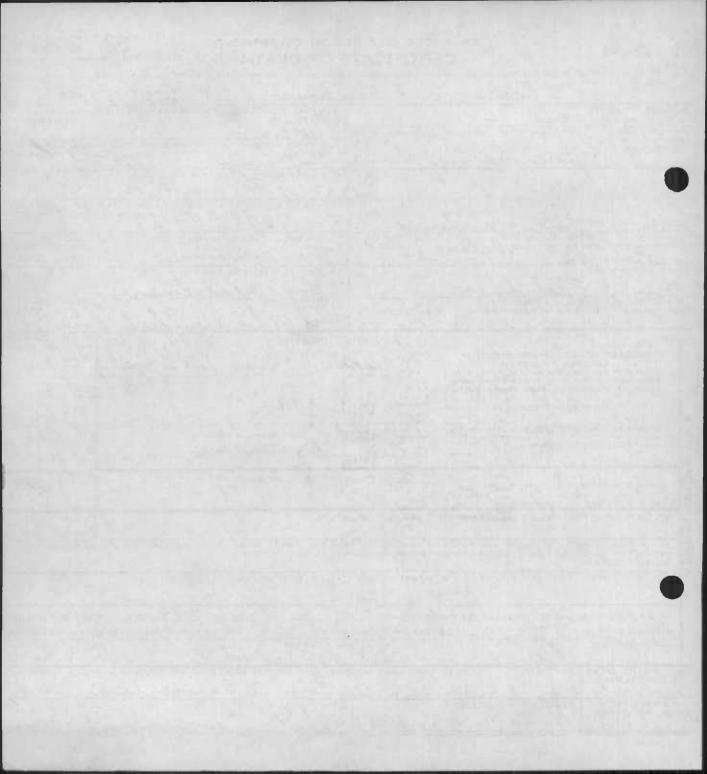
BALTIMORE CITY HEALTH DEPARTMENT Registered No 2035 CERTIFICATE OF DEATH 50-215/6 BIRTH NO. " 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location' C. CITY OR TOWN (If outside corporate limits, write RUBAL and give INSTITUTION township) (If ruyal, give location) Mos ngth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE If Under 24 Hours SINGLE, MARRIED If Under I Year WIDOWED DIVORCED (Specify) las birthday) Months: Days Hours: Min. 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? USA 13: FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yos, no or unknown) (If yos, give war or dates of serv SECURITY NO CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., CAD heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES FICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) RTI 11 OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT, 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL YES 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, atreet, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE WHILE AT m. WORK AT WORK 19 52 to 1952 that I last saw the 22. I hereby certify that I attended the deceased from. 440cm., from the causes and on the date stated above. deceased alive on 1952, and that death occurred at 23A. SIGNATUR 24A. BURIAL, -CREMA 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24B. DATE TION: REMOVAL (Specify) Suria. DATE RECEIVED BY FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150



2 56 2635

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIRTH NO.				
1. NAME OF DECEASED Charles	9. Eiser		OF DEATH 3/ /	5/52
a. Baltimore City, Maryland		A. STATE	Where deceased lived. If i	institution : residence before admission)
B. FULL NAME OF (If not in hospital or institut	ion, give street address or location)	c. CITY OR TOWN (If	f outside eorporate limits	write RURAL, was give
1321 So. Garey.	St.	B-altimore	7-1	— Gownship)
	Yrs.	1	rural, give location	
5. SEX 16. COLOR OR RACE 7. SINGLE	E. MARRIED.	132/30. 6 8. DATE OF BIRTH	9. Act (In years)	Under I Yeat II Under 24 Hours
male white win	VED. DIVORCED (Specify)	8/14/1874	last birthday) Mor	nths Days Hours Min.
work done during most of working life, even if retired)	OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY!
13. FATHER'S NAME	right 60	14. MOTHER'S MAIDEN N	ma	-MSA
Henry Einenhauer		Emma Is	solmon.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	AL AL	DRESS / So.
	_	mors John &	Triflith	carry st.
18. 420.1	CAUSE	OF DEATH	200, 1	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Usen	mia - Benin	Inst lis hyxil	2)7-10dost
(This does not mean the mode of dying, e. 1 heart failure, asthenia, etc. It means the diseas injury or complication which caused death	e.			
ANTECEDENT CAUSES	Bin	hail les thomas		3-109.
DISEASES OR CONDITIONS, IF ANY, GIVIN	(B)	1 1 2 1 : 51		
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	HE DUE TO	and the strain tile		3-5-130.
	(C) GOAMAN	a un book so		- Ja
OTHER SIGNIFICANT CONDITIONS CON	tight 1	entrula Meity		3.5p.
TRIBUTING TO THE DEATH, BUT NOT RELATE TO THE DISEASE OR CONDITION CAUSING I	D			
194. DATE OF OPERATION 198. MAJOR		ATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDER- 21B. PL/	ACE OF INJURY (e. g., in	n or 21c. WHERE DID (If in Baltimore City, g	YES ND
TI ZIA. ACCIDENT WAS DINDER.	farm, factory, street, office bldg., e	INJURY OCCUR?	if in Dathmore Oity, g	ive exact location)
INJURY	21E. INJURY OCCURRI	ED 21F. HOW DID INJUR	Y OCCUR?	
m.	WHILE AT NOT WHILE		1/ 152	
22. I hereby eertify that I attended the	deceased from.	1.00		, that I last saw the
deccased alive on 3.16.32, 19		red at bis p.m., from t	he causes and on th	e date stated above.
1 Co. aus	м. р.	645 NWI POL	1	3-17.52
TION REMOVAL (Specify)	24C. NAME OF CEMETE	RY DR CREMATORY 24D. L	OCATION (City, town,	or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	IRE LILES	25. FUNERAL DIRECTOR	mveras	ADDRESS /
LOCAL REGISTRAR Tuntington	Williams, Mes	John 60	wan & Son	- Hollins
VS 150	//			



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH /16 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission? B. FULL NAME OF (If not in hospital or institution, give street address or MATYLAND HOSPITAL OR location' C. CITY OR TOWN (If outside corporate limits, write RERAL and give 161: Vincent Court township) RATTIMORY Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore TEL VITUE NO Davs 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years If Under I Year If Deder 24 Hours last birthday) | Months: Days | Hours: Min. 0/4/1876 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired. 12. CITIZEN OF INDUSTRY WHAT COUNTRY? THE GOR COLLEGE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MANY COOK 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) 17. INFORMANT SECURITY NO ADDRESS 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE RTIFICATI DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION EDICAL 20. AUTOPSY YES NO 21A. ACCIDENT WAS UNDER 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from = 1901, to heart 190 that I last saw the 10 deceased alive on 3 and that death occurred at 1:30 fm., from the causes and on the date stated above. 23A SIGNATURE 23c. DATE SIGNED Laun M. D. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248. DATE 24C. NAME OF CEMETERY OR CREMATORY

VS 150

DATE RECEIVED BY

LOCAL REGISTRAR

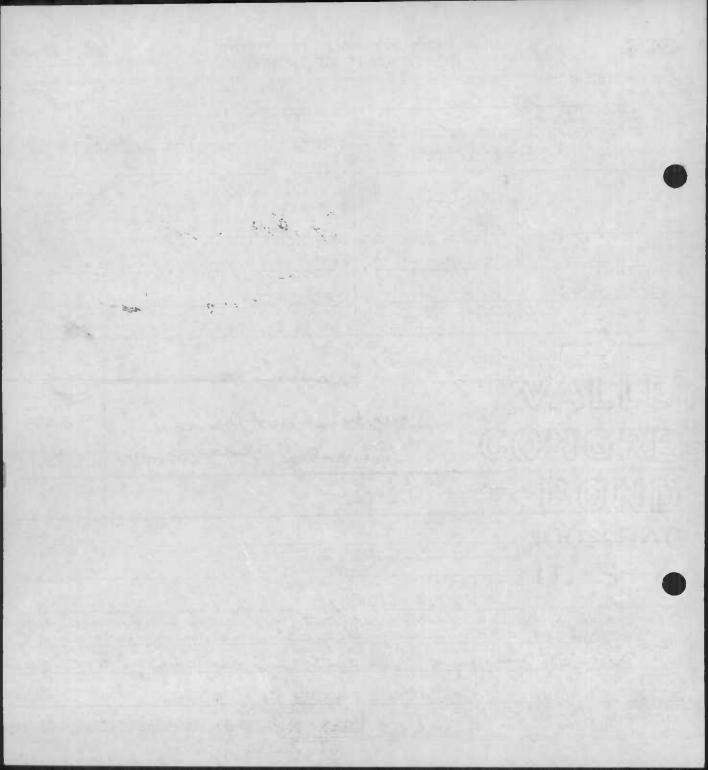
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

24D. LOCATION (City, town, or county)

ADDRESS

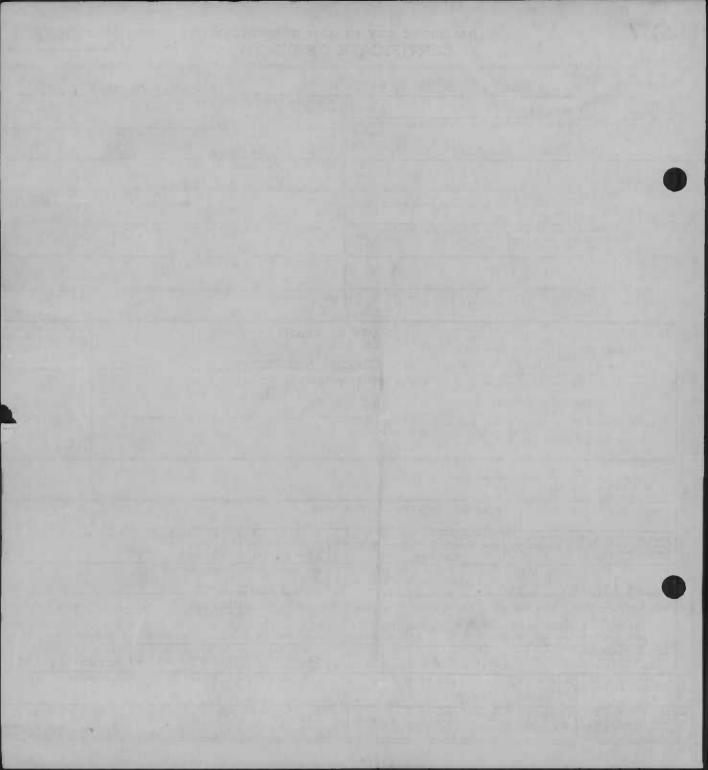
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BALTIMORE CITY HEALTH DEPARTMENT 52 CERTIFICATE OF DEATH Registered No.	2037
CERTIFICATE OF DEATH Registered No.	
1. NAME OF DECEASED 2. DATE	
(Type or Print) MAMIF FRINK PAUL OF MARCH	and the state of t
3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY	before admission
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate, limits, w	riteARURAN and viv
University Hospital Baltimore	township
Yrs. D. STREET ADDRESS (If rural, give location)	
ength of stay in Baltimore Days 689 Vine Street	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE (in years 1 Undowed, DIVORCED (Specify) 2	er 1 Year If Under 24 Hours is Days Hours Min.
female colored SINQ DUNE 1930 2	
10A. USUAL OCCUPATION (Give kind of working life, even if retired) 10B. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) 12 10A. USUAL OCCUPATION (Give kind of working life, even if retired) 10B. KIND OF BUSINESS OR III. BIRTHPLACE (State or foreign country) 12	WHAT COUNTRY
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	Woll.
STOVEN BROWN Incille Ager	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADD	RESS 73 11/
(Yes, to Frunknown) (If yes, give war or dates of service) SECURITY NO. Lucille Agen W. Fra.	NITINSF
18. E 982X . CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	JOHN TO DEATH
(This does not mean the mode of dying, e.g., (A) Internal hemorrhage	
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Stab Wound of chest	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	
U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIB.	e exact location)
21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or underlying II or CONTRIB. about home, farm, factory, street, office bldg., etc.) UTING TO CAUSE OF DEATH. 21B. PLACE OF INJURY OCCUR? 119 N. Pine Street	
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
arch 13. 1952 10:48 P.m. WHILE AT NOT WHILE X Sharp instrument	
22. I certify that I took charge of the remains described above, held an autopsy	thereon and from
the evidence obtained by said Autopsy. Inspection or Inquiry, find that said deceased died on the	day stated above
and death in my opinion resulted from: natural causes [], accident [], suicide [], homicide [], uno	etermined [].
ASSISTANT MEDICAL EXAMINER Mar	ch 14, 1952
24A. BURIAL, CREMA-1 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D GOCATION (City, town, or	
This removal (Specify) March 18 1950 911 7. augus Can Jackton Hill	7.

DATE RECEIVED BY LOCAL REGISTRAR MAR 1 7 1952 V S 151

REGISTRAR SPIGNATURE



	6 5 5 2638 BIRTH NO.	BALTIMORE CITY HE		Registered No.	1
İ	1. NAME OF DECEASED (Type or Print) Stuant	Tox Freeman		2. DATE OF DEATH 3-/6-	3
	a Baltimore City, Maryland		4. USUAL RESIDENCE (V	Where deceased lived. If institute B. COUNTY	be
I	B. FULL NAME OF (If not in hospital HOSPITAL OR INSTITUTION Union May	or institution, give street address or location)		outside corporate limits, write	
	c. Length of stay in Baltimore	Tyrs. Mos. Days	D. STREET ADDRESS (If	rural, give location)	1
	5. SEX 6. COLOR DR RACE	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Clug. 19, 1868	9. AGE (In years H Under IY last birthday) Months: D	
ı	10A. USUAL OCCUPATION (Give kind of work done during most of work his life even free ived)	10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or fo	Ignace, Mich 12. Cl	17

n; residence fore admission) URAL and give township

If Under 24 Hours Hours: Min. ZEN OF AT COUNTR 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO rague INTERVAL BETWEEN 18. 42010 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY

21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WORK AT WORK

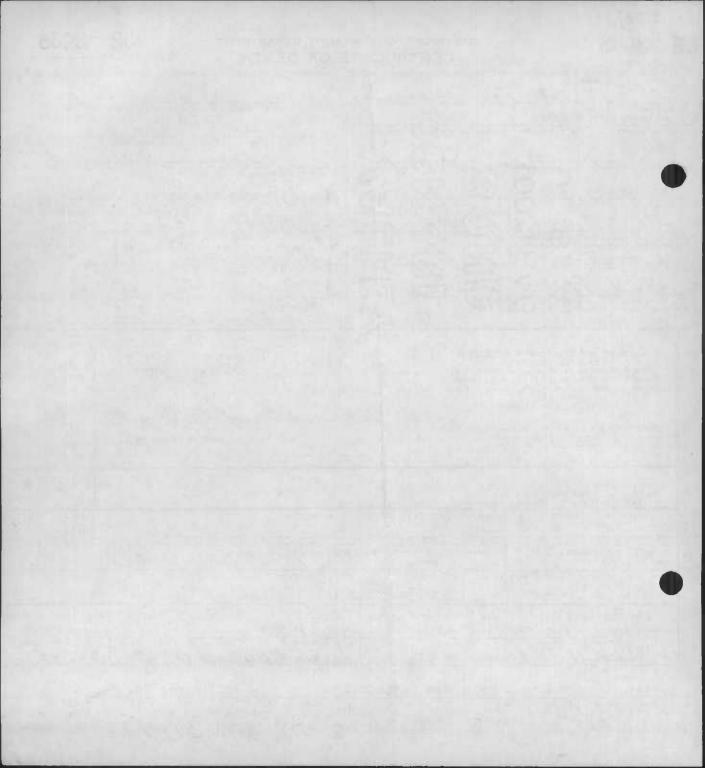
7-15-6-19 , that I last saw the 22. I hereby certify that I attended the deceased from. 19 . to. deceased alive on 3-16-54, 19 , and that death occurred at In., from the causes and on the date stated above. 23A, SIGNATURE

24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (Vity, town, or county)

24A. BURIAL, CREMA-TION, REMOVAL (Specify) New Cathedral Baltimore, Md. 3 - 18 - 52burial DATE RECEIVED BY REGISTRAR'S SIGNATURE, 25. FUNERAL DIRECTOR ADDRESS

LOCAL REGISTRAR itchell & Sons, Inc .- 1900 Eutaw Pla. VS 150

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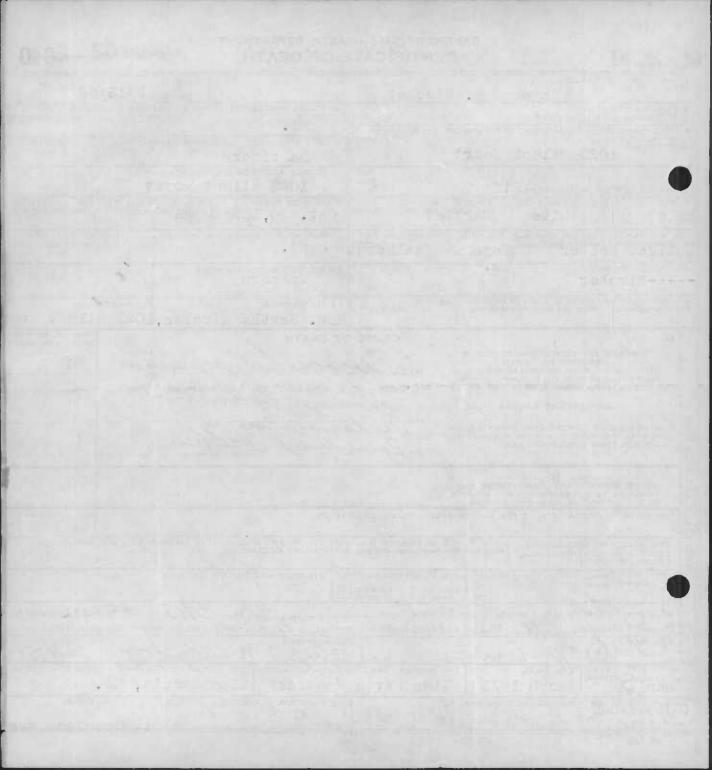
	VING-1575	24/2Q	BA		EALTH DEPARTMEN		2 2639
В	RTH NO.	100		CERTIFICAT	E OF DEATH	Registered !	No.
1.	NAME OF D	ECEASED				2. DATE	
<u> </u>		Barbara Leu	ise Bb	evins		DEATH 3-16-	
	Baltimore (EATH: City, Maryland			4. USUAL RESIDENCE A. STATE	(Where deceased lived, If B. COUNTY	f institution : residence before admission
B. H(FULL NAME	OF (If not in hospit	al or institu	tion, give street address or	a a con a T a con a a con	thon .	- rol
IN	ISTITUTION	altimore City 940 Eastern A	Menne	Care	C. CITT OR TOWN	(If outside corporate limi	ts, write RURAL and giv township
7		770 245 (6124 24	VEHUE	Yrs.	Belair D. STREET ADDRESS	(If rural, give location)	
6.	ength of s	tay in Baltimore		Mos. Days	44	Belair, Md.	620
5.	SEX	6. COLOR DR RACE		E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	Il Under I Year onths Days Hours Min.
	F	W	ing	VED, DIVORCED (Specify)	Sept. 15, 1942	last birthday) M	onths Days Hours Min.
10 worl	A. USUAL OC	CUPATION (Give kind of f working life, even if retired)		O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State o.	r foreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S	NAME			14. MOTHER'S MAIDEN	NAME	1
		is Blevine			Lena Flanagan		V
15 (Ye	s, no or unknown)	D EVER IN U.S. ARMED (If yes, give wer or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Records—Baltimon	re City Hospif	DDRESS als
ERTIFICATION	heart failu injury or DISEASES RISE TO T UNDERLY	not mean the mode of re, asthenia, etc. It mea complication which complication which complication which complication which complication complication is complicated as a complication of the complication complication is considered as a complication compl	ns the disease aused death SES F ANY, GIVING STATING TO ST.	(B)	Shable Brain Ab	acess with	A WEEKS (
CEF	TRIBUTING	TO THE OEATH, BUT	NOT RELATI	ED			
				FINDINGS OF OPER	RATION		20. AUTOPSY?
MEDICAL		ENT WAS UNDER. CONTRIBUTING	218. PL	ACE OF INJURY (e. g., i farm, factory, street, office bldg.,	n or 21C, WHERE DID otc.) INJURY OCCUR?	(If in Baltimore City,	give exact location)
	10. TIME (Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT WORK AT WORK	ED 21F. HOW DID INJU	RY OCCUR?	
	22. I hereby	y certify that I att	ended the	deceased from 3-1	6- , 1952, to	3-16- 19.5	is that I last saw th
	deceased al	ive on 3-16-	, 19.52,	and that death occur	rred at 9:15P m., from		he date stated above
	23A. SIGNAT		5	2	3B. ADDRESS		23c. DATE SIGNED
2.4	A. BURIAL,	SEMA 248. DATE	2	M. D. 4	940 Eastern Ave	LOCATION (City, town	3-17-52 , or county) (State)
TIC	BURIA	Mar. 18	1952	Beerley Car	netery Hi	Elsville, V	irginia.
	ATÉ RECEIVE		SSIGNATI	Villiams ha	25. FONERAL DIRECTOR	2 1 12	ADDRESS

Dr. Leverton, Baltimor. City Hospitals spoke to Dr. Rettaliata, Bureau of Communicable Diseases, B C H D re diagnosis, by phone 3/27/52

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.2

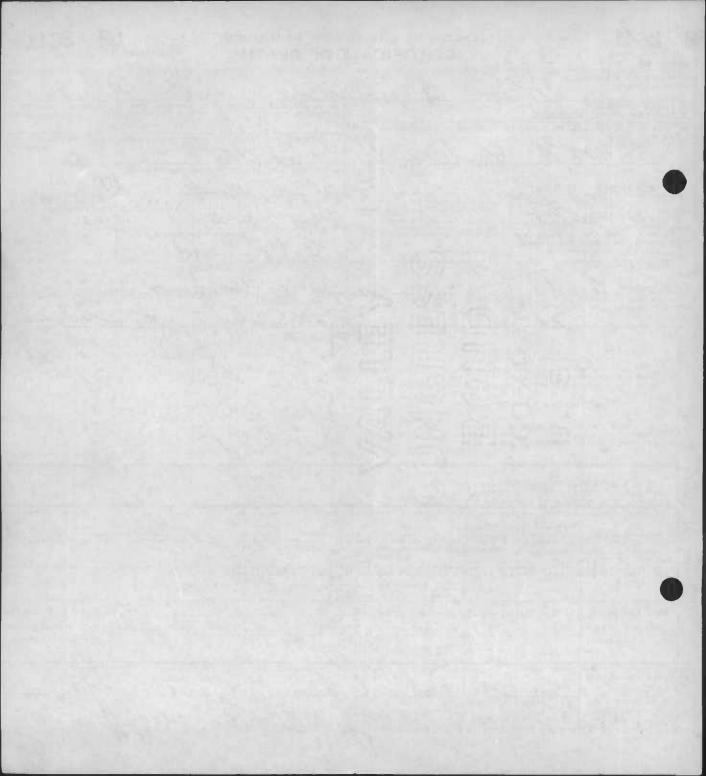
BIRTH NO.	L OI DEATH				
1. NAME OF DECEASED (Type or Print)	2. DATE OF Z/7E/E9				
Raymond L. Kircher 3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or	DEATH J. 15/36 4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE before admission)				
HOSPITAL OR location location 1023 Wilmot Court	c. CITY OR TOWN (If outside corporated imits, wrije hund give township)				
Length of stay in Baltimore Life Yrs. Mos. Days					
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. Male White Married (Specify	8. DATE OF BIRTH Oct. 20,1893 9. AGE (in years list Under 1 Year Months Days Hours Min.				
10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR Returned Helper & Thallner of The Thermal	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME 7 671 (R)	14. MOTHER'S MAIDEN NAME Unknown				
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. Bertha Kircher, 1023 Wilmot Cour				
OTHER SIGNIFICANT CONDITIONS CON-	enic Brachitis ?				
TO THE DISEASE OR CONDITION CAUSING IT. 19a. DATE OF OPERATION 19B. MAJOR FINDINGS OPERATION 19	RATION 20, AUTOPSY? YES NO				
21a. ACCIDENT WAS UNDER. 21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg., etc.) LYING OF DEATH CAUSE OF DEATH					
TID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF WHILE AT WORK AT WORK					
deceased alive on 18, 1952, and that death occu	238. ADDRESS 23C. DATE SIGNED 3/17/52 ERY OR CREMATORY 24D. LOCATION (City, Town, or county) (State) eme tery Glen Burnie, Md.				
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR HAR 1 7/1052 Tuntingfor Wallaus M. S. 150	25. FUNERAL DIRECTOR ADDRESS 4101 Edmondson Ave.				



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BALTIMORE CITY HEALTH DEPARTMENT

NOWED, DIVORCED (Specify) Manual Days Hours Min. 20 20 20 20 20 20 20 2	BIRTH NO. 50-0649 CERTIFICATE OF DEATH	cied ivo
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23a. SIGNATURE 23b. ADDRESS 23c. DATE SIGNED 24c. NAME OF CEMETERY OF CREMATORY 24b. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OF CREMATORY 24b. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OF CREMATORY 24b. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OF CREMATORY 24b. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OF CREMATORY 24b. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OF CREMATORY 24b. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OF CREMATORY 24b. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OF CREMATORY 24b. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OF CREMATORY 24b. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OF CREMATORY 24b. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OF CREMATORY 24b. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OF CREMATORY 24b. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OF CREMATORY 24b. LOCATION (City, town, or county) 25c. FUNCTION (City, town, or county)	22. I hereby certify that I attended the deceased from \$ (0- ,59/, to) - /6'	, 19, that I last saw the
24a. BURIAL, CREMA- 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or edunty), State) Burial (Specify) Mar. 19-52 Baffill DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS	deceased alive on, 19 and that death occurred ut m., from the causes and	d on the date stated above.
DATE RECEIVED BY REGISTRAR'S SIGNATURE 125. FUNERAL DIRECTOR ADDRESS	that land the day of land will be all the	23c. DATE SIGNED
DATE RECEIVED BY REGISTRAR'S SIGNATURE 125 FUNERAL DIRECTOR ADDRESS		y, town, or county) (State)
DATE RECEIVED BY I REGISTRAR'S SIGNATURE 125. FUNERAL DIRECTOR ADDRESS	10 10 10 10 10 11 11 11 11 11	Md.
MAR 17 1952 Huntington History My John M. Mille 2334 Jefferson St.	DATE RECEIVED BY REGISTRAR'S SIGNATURE 1.25, FUNERAL DIRECTOR	ADDRESS
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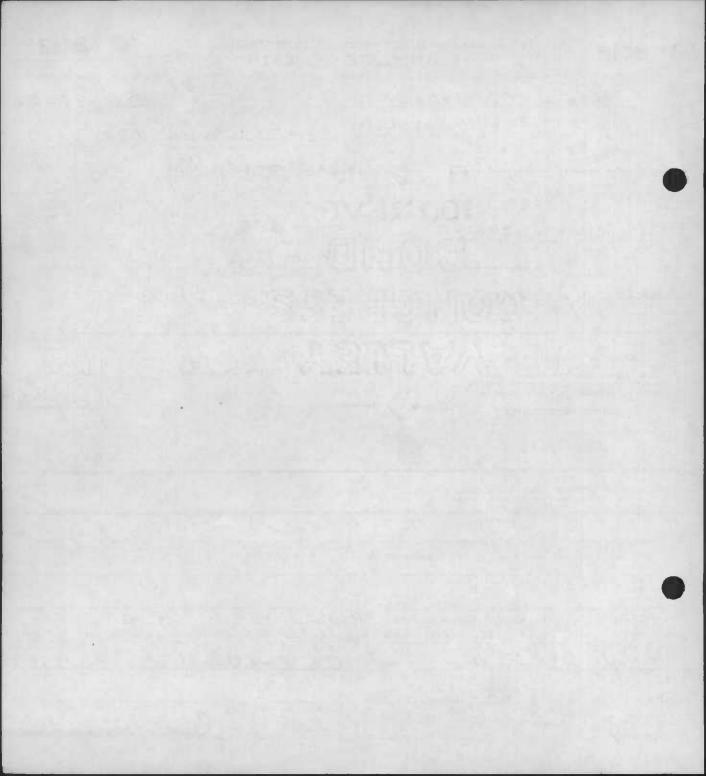


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CERTIFICATE OF DEATH

BIRTH NO.	E OF DEATH
1. NAME OF DECEASED	2. DATE
(Type or Print) Hattie Campbell	DEATH March 15-53
3. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived, If Institution; residence
A. Baltimore City, Maryland 24/6 Brent Wood by B. FULL NAME OF (If not in hospital or institution, give street address or	A. STATE B. COUNTY before admission:
HOSPITAL OR location)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give
INSTITUTION	township
Yrs.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Days	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (In years It Under 1 Year If Under 24 Hours
WIDOWED, DIVORCED (Specify)	3-25-18 76 75 74 Months Days Houra Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
ork done during most of working life, even if retired) INDUSTRY	Mary Jan J WHAT COUNTRY!
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles A.	0.1
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Resecca Utiver
Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
18. 421,2	OF DEATH ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	. IN 17: 117
LEADING TO DEATH (This does not mean the mode of dying, c. g., heart failure, asthenia, etc. It means the disease,	mie / hypoardina Nistry
injury or complication which caused death.) DUE TO	0 1.04
ANTECEDENT CAUSES	· Orchfante
Z DISEASES OF CONDITIONS 17	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST. (C)	
<u>L</u>	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSYT
	YES NO Z
21a. ACCIDENT WAS UNDER. 21b. PLACE OF INJURY (e. g., in LYING OR CONTRIBUTING about home, farm, factory, street, office bldg, e	or 21c. WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., cause of Death	INJURY OCCURY
TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
INJURY WHILE AT NOT WHILE	
m. WORK AT WORK	c. 2 1917, to M. 15, 1912, that I last saw the
	1911, to 1911, that I last saw the
	red at 4 m., from the causes and on the date stated above. 3B. ADDRESSO 132C. PATE SIGNED
13 galand Shipull M.D.	1534 Rhuid Hell (mr M.h. 19, 1952
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) / (State)
TION, REMOVAL (Specify)	
DATE RECEIVED BY REGISTRAR'S SIGNATURE)	25. FUNERAL DIRECTOR ADDRESS
LOCARREGISTRARY Huntingtony Vibration M.P.	1 2 1 P C 00 13
111111111111111111111111111111111111111	Portion / Kon /Zonka G. / In.

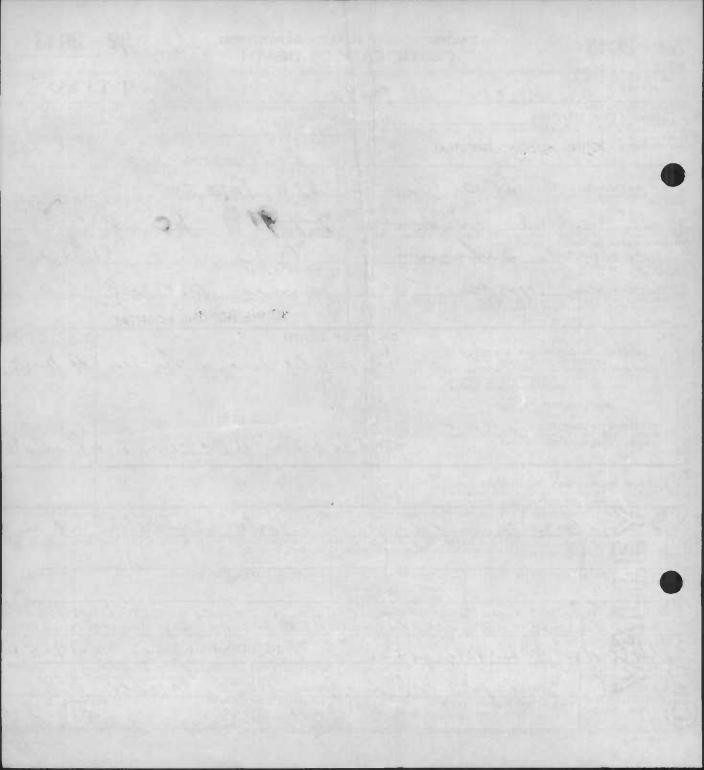


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IRTH	NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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egistered No.		9	()

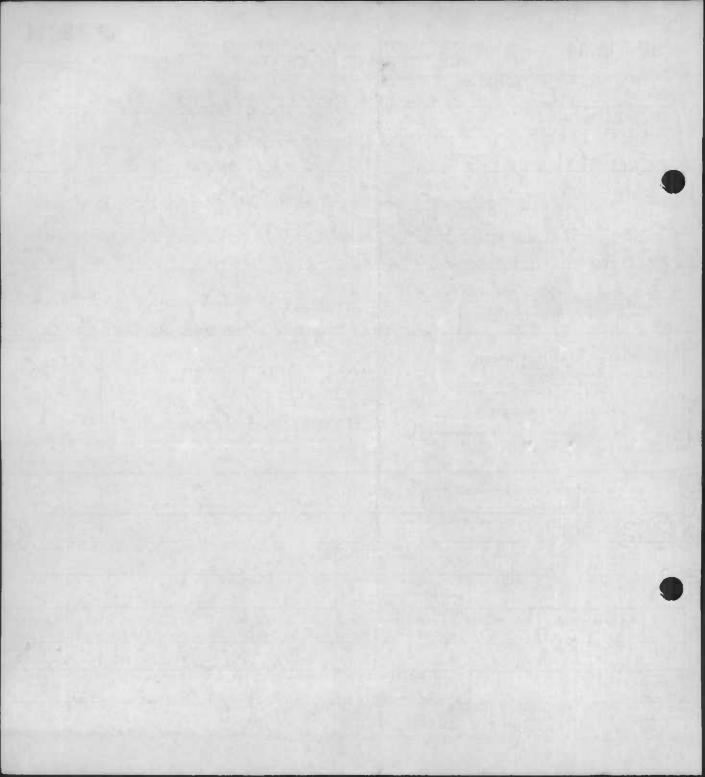
BIRTH NO.	TE OF DEATH
1. NAME OF DECEASED (Type or Print) Luther MA	YO 2. DATE OF DEATH MAR 1.4 1952
S. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address of location INSTITUTION JOHNS HOPKINS HOSPITAL	
c. Length of stay in Baltimore April 4 Long Days	o. STREET ADDRESS (If rural, give location)
male colored 7. SINCLE MARRIED. WIDOWED, DIVORCED (Specif	7-4-41 60 4?
10A. USUAL OCCUPATION (Give kind of work done during nost of we kinglife, even if retired) 10B. KIND OF BUSINESS OR INDUSTR	nc lusa
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME ME heil
(Yes, no or unknown) (If yes, give war or dates of fervice)	JOHNS HOPKINS HOSPITAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	OF DEATH INTERVAL BETWEEN ONSET AND DEATH AND SET AND DEATH TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	unrelated Carcinona of hostate
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	ne
19A DATE OF OPERATION 189. MAJOR FINDINGS OF OPE 2 - 2 9 - 5 2	in or 21c. WHERE DID (If in Baltimore City, give exact location)
CAUSE OF DEATH O. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR INJURY WHILE AT NOT WHIL	RED 21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from I deceased alive on 3 - 14 -, 1952 and that death occurrence 234/SIGNATURE	- 19-, 1951, to 3-14-, 1952 that I last saw the arred at 730 gm., from the causes and on the date stated above.
William J. Hoppins M.O.	23B. ADDRESS HOPKINS HOSPITAL 23C. DATE SIGNED 23C. DATE
Curial Much 1202 Mt Chu	whom limiting Ballo med
DATE RECEIVED BY LOCAL REGISTRAR MAR 171952	25, FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

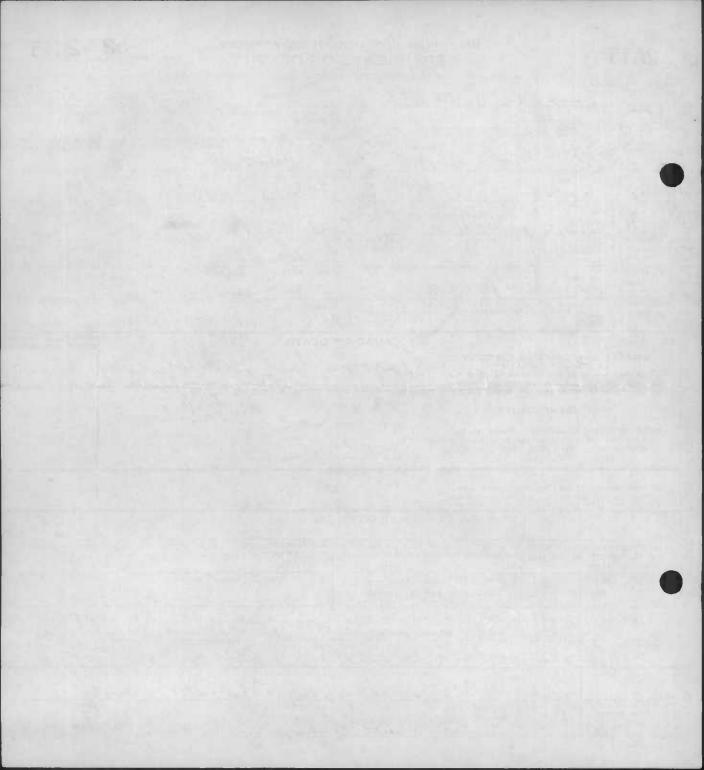
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1)6	Fait !	"AL	* 2

D.I.		CEP't't		CERTIFICAT	E OF DEATH	Registered	No.
-	NAME OF D	ECEASED ALOI	s TopHer			LO DATE	
	pe or Print)			MERDINAND	MESMERINGER	OF MA	Reh 16,1952
	PLACE OF DI Baltimore C	EATH: lity, Maryland			4. USUAL RESIDENCE (W	here deceased lived, I B. COUNTY	
B. 1	SPITAL OR	OF (If not in hospita	al or institut	ion, give street address or location)			
	STITUTION	N-11-	. C-	4	c. CITY OR YOWN (If	outside corporate limi	ts, write RURAL and give
	2/3/	MEHENRY	101			RE LO	-03
0			,-	Yrs. Mos.	./ //	rural, give location)	
	sex	ay in Baltimore 6. COLOR OR RACE [7, SINGLE	MARRIED.		MRY SI.	Williadas I V. as I II (Index 03 II)
-	MALE	white		PRIED (Specify)	Now 17 1893		M Under 1 Year M Under 24 Hours onths Days Hours Min.
10/	. USUAL OC	CUPATION (Givekind of	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF
WORK	MACHI	(working life, eyon if retired)	Marki	NE REPRIES	MARYLAN	1	WYAT COUNTRY?
13.	FATHER'S N		1110161	VE MEPHINS	14. MOTHER'S MAIDEN NA	ME	-1. 0. "
	(ASD	ER MESI	MERIA	IOFR	Elizabet	-6 T/c.	ulan
15.	WAS DECEASE	D EVER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT	" 1/4/	ADDRESS
(Yes	No or unknown)	(If yes, give war or dutes	,	215-10-9068			2131
ī	18. 4a.	2 /			MARGARET MESH	ENTINGER	MCHENRY ST.
	1 200	E OD CONDITION	n. I = E 0 = 1 1 1	CAUSE	OF DEATH		ONSET AND DEATH
		E OR CONDITION I	'H	1/1000	o menus	usd	7 2040
		not mean the mode or re, asthenia, etc. It mean					
	injury or	complication which es	aused death	.) DUE TO			
		ANTECEDENT CAUS	ES	11.	0/. 4	3	
Z				(B)	ins delina	lu>	
임	RISE TO TH	OR CONDITIONS, IF	STATING TH	IG IE DUE TO			
A	UNDERLY	ING CONDITION LA	ST.	(C)			
FIG							
E	OTHER S	IGNIFICANT CONDI	TIONS CON	()	~	1	
田田田	TRIBUTING	TO THE DEATH, BUT I	NOT RELATE	0 1 1 1	manon / E	dena	
0		F OPERATION 1		FINDINGS OF OPER			20, AUTOPSY?
AL	ISA. DATE O	OI EXATION	SB. MASON	THEMOS OF OPEN	ATTON		YES NO
ICA	21A. ACCIDI	ENT WAS UNDER-	21B. PLA	CE OF INJURY (e. g., i	n or 21c. WHERE DID (II	f in Baltimore City,	give exact location)
EDI	LYING OF	CONTRIBUTING	about home, f	arm, factory, street, office bldg.,	tc.) INJURY OCCUR?		
Σ		Month) (Day) (Year)	(Hour) 1	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
	INJURY		` '	WHILE AT NOT WHILE		000011	
			m.	WORK AT WORK			
	22. I hereby	y certify that I att	ended the	deceased from 3	10 - , 1952 to 3	-/6· , 19s/	2that I last saw the
	deceased al	ive on_3//5/	, 1912 ,	and that death occur	red at 5:45 An., from th	ic causes and on t	he date stated above.
	23A. SIGNAT	UPE / I A Y	4-1	2	3B. ADDRESS		23C. DATE SIGNED
	110	1/2/1/4	nech	M. D.	215/-11/elese	s Cler	3-17-52
24 TIO	A. BURIAL. C	REMA- 24B, DATE		24c. NAME OF CEMETE	RY OR CREMATORY 24D. LC	OCATION (City, town	or county (State)
-/	34910	/	52	NEW CATH	Edral ISA	LTIMORE	Md.
	TE RECEIVE	BY REGISTRAR'S	SIGNATU	BEL O CALTO	25. FUNERAL DIRECTOR	-	ADDRESS
1	CAL REGISTI	Hunting	ston 4	adallis in	Good Schwick	2101 6	Ederick Au
VIA	R vs 713	72.	•		Det. L. Schall	210/12	227.77
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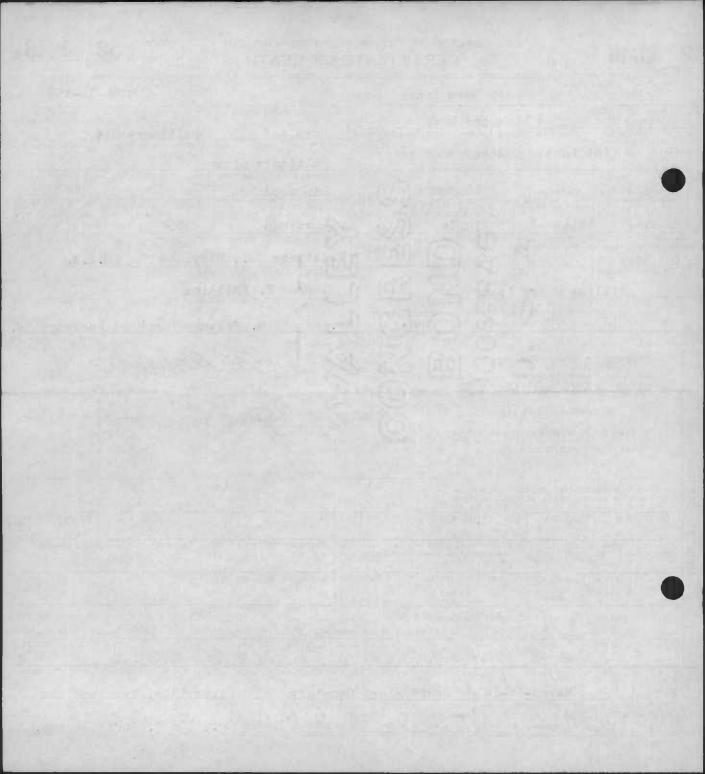
CERTIFICATE OF DEATH Registered No. 26.15

BI	RTH NO.	LICTII ICATL	OF DEATH		
1. (T	NAME OF DECEASED ype or Print) MADVANA J L	ENTZ		2. DATE OF DEATH March	15 1952
Α.	PLACE OF DEATH: Baltimore City, Maryland	NC 1	4. USUAL RESIDENCE (V	Where deceased lived, If inst B. COUNTY	
H	FULL NAME OF (If not in hospital or institution, OSPITAL OR STITUTION 306 J. Chester	give street address or location)	D - Ime	outside corporate li hits, w	township)
c.	Length of stay in Baltimore 67	Yrs. Mos. Days	306 J. Ch	rural, give location)	et
5. 	emale white widow	ARRIED, DIVORCED (Specify)	8. DATE OF BIRTH RIGHT 1873 11. BIRTHPLACE (State or for	last birthday) Months	I I Year II Under 24 Hours S Days Hours Min.
worl	doneduring most of working life, even if retired)	INDUSTRY	Paland	M	.J. Q,
13	FATHER'S NAME	an	Unhaum	AME	
15 (Ye	. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	6. SOCIAL SECURITY NO.	17. INFORMANT Tolin Le sete	2041 Hay	1
CERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which eaused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	DUE TO (B) DUE TO (C)	undial Sue eral Del	sufficing Polity.	3 days. 42 yrs.
٦	The state of the s	NDINGS OF OPERA	ATION		20. AUTOPSY?
1EDICA		OF INJURY (e. g., in factory, street, office hldg., et		If in Baltimore City, give	
2	INJURY	E. INJURY OCCURRE	D 21F. HOW DID INJUR	Y OCCUR?	
	22. I hereby certify that I attended the dedeceased alive on 1948, and 23A SIGNATURE	d that death occur	red at 19, to m., from t	he causes and on the c	hat I last saw the late stated above. 3c. DATE SIGNED 3-15-61
8	manch 18/52 H	NAME OF CEMETER	Cem Bo	ocation (City, town, or alla. Com	ty
	TATE RECEIVED BY REGISTRAR'S SIGNATURE	Lialus MP	25. FUNERAL DIRECTOR	401 J. Che	stey Hneer
	VS 150		4 13		



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) March-16-1952 OF Mary Ware Isaac DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland Linkwood Road A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland Baltimore City HOSPITAL OR location) (If outside corporate limits, write RUBAL and give C. CITY OR TOWN INSTITUTION (at home) Tuscany Apartments Baltimore City D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. rength of stay in Baltimore 50 years Linkwood Road Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify 8. DATE OF BIRTH 9. AGE (In years | M Under | Year | M Under 24 Hours last birthday) | Months; Days | Hours: Min. Female White Single Jan-7-1866 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Baltimore Co., Maryland IJ. S. A. None 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME Eleanor P. Phillips William Moore Isaac 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yee, no or unknown) (If yes, give v SECURITY NO. No None Mr. Edward M. Passano (nephew) Lockwood Rd. NTERVAL BETWEEN 420.0 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION DICAL 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOMICIDE / (Specify) INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK 16 1965 that I last saw the 22. I hereby certify that I attended the deceased from_ 19 52 and that death occurred at 2 Be T.m., from the causes and on the date stated above, deceased alive on 3 23c. DATE SIGNED 23A. SIGNATURE 24A. BURIAL, CREMA-24B, DATE LOCATION (City, town, or county) Burial March-18-1952 Druid Ridge Pikesville, Maryland Cemetery DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR Stewart Mowen Co., 108 W. North Avenue.

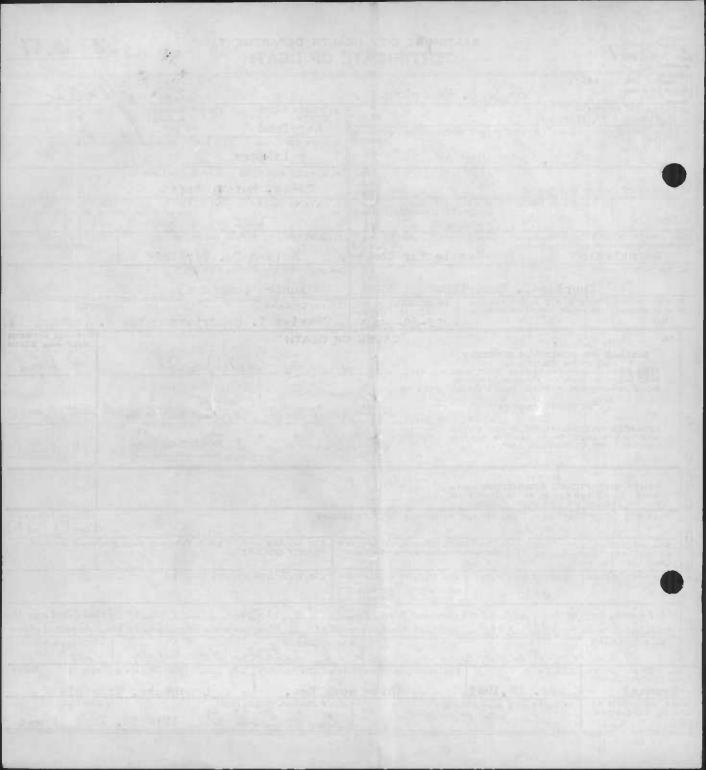


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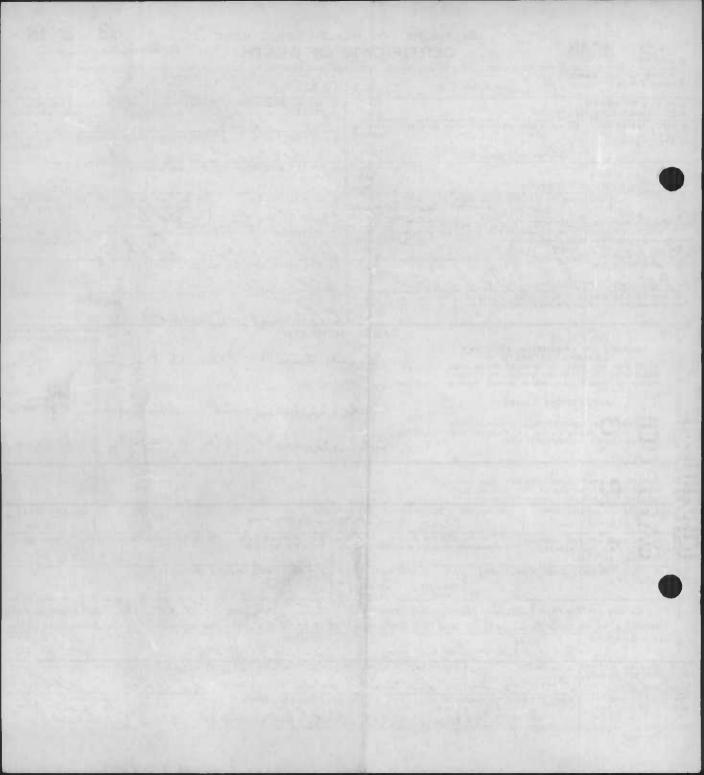
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.2 2047

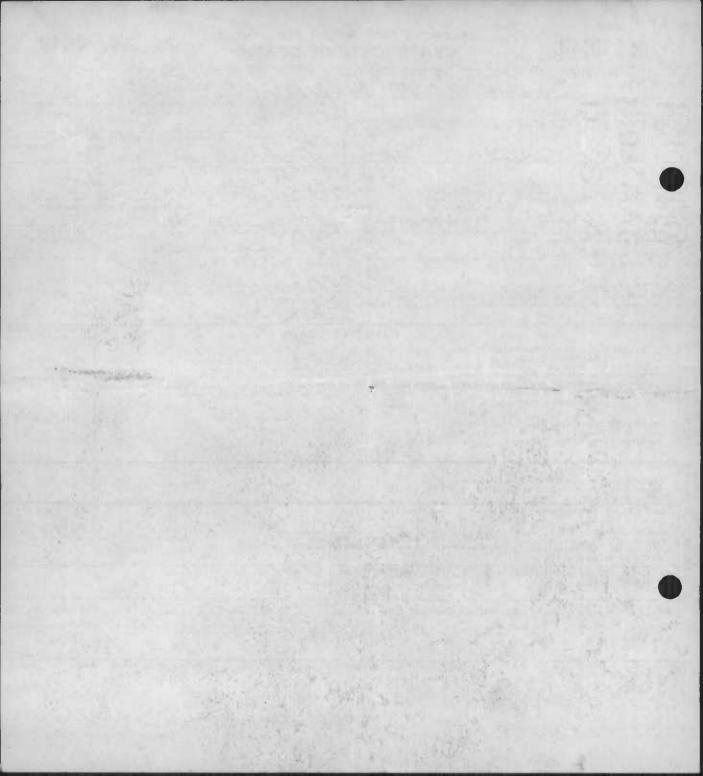
BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Georgia E. Wendricks DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, in institution : residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) Mary land B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate lights, write RURAL and give INSTITUTION 234 N. Eutaw Street Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 234 N. Eutaw Street c. Length of stay in Baltimore Davs 9. AGE (In years If Under 1 Year If Under 24 Hours last birthday) Months Days Hours Min. 5 SEX 6. COLOR OR RACE 7. SINGLE, MARRIED B. DATE OF BIRTH WIDOWED, DIVORCED (Specify) female single 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF vork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Seamstress Needle Fur Company Nelson Co. Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles S. Hendricks Annie (unknown) 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. No 226-30-6452 Charles T. Hendricks 896 W. Lombard St. INTERVAL BETWEEN 18. 420.1 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Coronary occlusion LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Hypertensive cardeo varenlas du Dervalezed arterio relevoir ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19a, DATE OF OPERATION | 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL none YES (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER. ebout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE ATT 4 . 19.51, to_ __ 19 52 that I last saw the 22. I hereby certify that I attended the deceased from_ ___ 19 52 and that death occurred at 2 Pm., from the causes and on the date stated above. deceased alive on_ 23A, SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Removal Mar. 17,1952 White Rock Bem. Lynchburg, Virginia DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR 1217 St. Paul Street



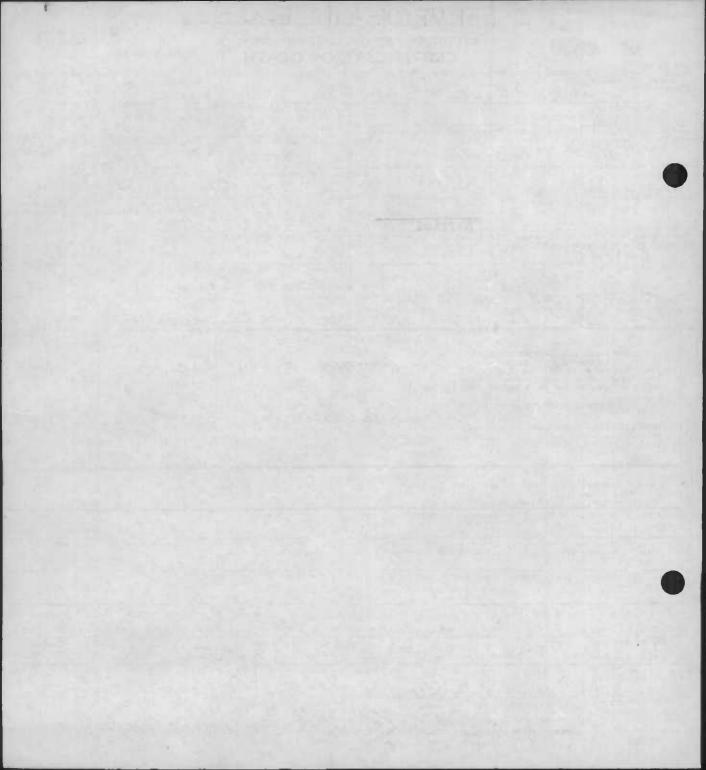
520	X 52 5240
-0 90 40	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) Florence HAN	JEKE 2. DATE 3-16-52
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION	
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
ngth of stay in Baltimore Days 5.SEX 6.COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (in years) 11 Under 1 Year 11 Under 24 Hours
Temple white married (Specify	12-8-1921 last hirthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work for de during most of working life, ever if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BURTHPLACE (State or foreign country) Maltimore Md 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	becelia
(Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO.	Thousand House Man Address
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)	cironatoris, allowed o mor
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 19B. MAJOR FINIS 19B. MAJOR F	RATION 20, AUTOPSY?
3-10-52 Carena	YES EN NO L
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg CAUSE OF DEATH	
21b. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	
m. WHILE AT NOT WHILE AT WORK AT WORK	10-57
22. I hereby certify that I attended the deceased from 7	19, to 5, that I last saw th
deceased alive on 3-16, 195 . and that death occur	rred at 4 mn., from the causes and on the date stated above
fine (aufma m.o.)	Suar fort, 5-17-5-
24A. BURIAK, CREMA- 24B. DATE 24C. NAME OF CEMETE TION REMOVAL (Specify) 3-18-12	RY OR CREMATORY 240. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE MAR 181957 Tuntington Walliams M.P.	Jack heiribbe 2100 Certain Pl



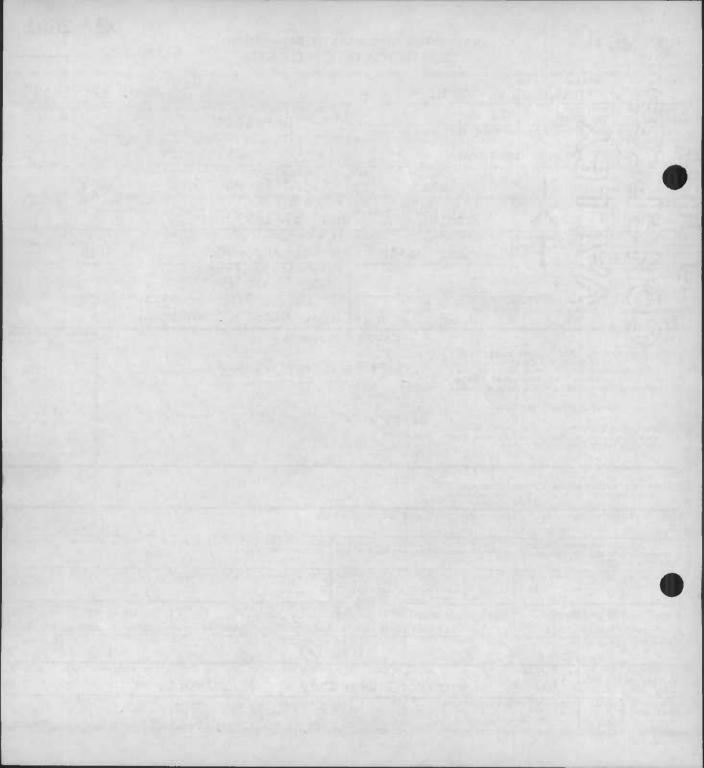
621				
52 2649 BIRTH NO.	CERTIFICATE	E OF DEATH	Registered No. 2019	_
1. NAME OF DECEASED (Type or Print)	ROSE B	ER. V. OET	DATE OF 3-17-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland			deceased lived. If institution: residence B. COUNTY before admission	on)
B. FULL NAME OF (If not in hospital or institution HOSPITAL OR	tion, give street address or location)	c. CITY OR TOWN (If outsi	de corporate limits, write RURAL and g	rive
INSTITUTION TO Ferredas		Baltimor	20-4/townsh	
ength of stay in Baltimore	Yrs. Mos. Days	3704 Ferri	(give location)	
Z WIDOV	E. MARRIED. VED, DIVORCED (Specify)		AGE (in years Muder I Year Muder 24 Hours Mi	
10A. USUAL OCCUPATION (Give kind of vork done during most of working life, coin if retired)	O OF BUSINESS OR INDUSTRY	11. BIRTAPLACE (State or foreign	12. CITIZEN OF WHAT COUNTE	RY?
13. FATHER'S NAME		14-MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL	Truma		
(Yes, no or unknown) (If yes, give war or dates of service)	SECURITY NO.	acok Coruste	and - Land	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the disease in jury or complication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELAT TO THE DISEASE OR CONDITION CAUSING	8., (A) Lind Se, h.) DUE TO Hyp NG HE DUE TO PO HO (C)	or DEATH End how by a Lister tire Condis distr	INTERVAL BETWE	
19A. DATE OF OPERATION 198. MAJOR	FINDINGS OF OPER	ATION	20. AUTOPSY	?
LYING OR CONTRIBUTING about home,	ACE OF INJURY (e. g., in farm, factory, street, office bldg., et		Baltimore City, give exact location)	
Z1D. TIME (Month) (Day) (Year) (Hour) INJURY m.	21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK	21F. HOW DID INJURY OC	CUR?	
22 I hereby certify that I attended the deceased alive on 3/16, 19 12	and that death occur		auses and on the date stated about 123c. DATE SIGNE	ve.
248 BURIAL, CREMA- TION, REMOVAL (Specify) 3-18-5-	Mt Ca	vinel	Halto Malto	(e)
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE MAR 1 8 1057	Le to Co	ack Laws on	2 2100 butant	2
VS 150	-(/			



-400 BALTIMORE CITY HEALTH DEPARTMENT 52 2650 Registered No-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE OF DEATH 4. USUAL RESIDENCE (Where deceased lived If institution : residence 3. PLACE OF DEATH A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION ALTIMURE D. STREET ADDRESS (If rural, gage location) Yrs. Mos. ST, PAUL ST c. Length of stay in Baltimore Days 5. SEX 9. AGE (in year-last bighday) Months Days Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED WIDDWED DIVORCED 10A. USUAL OCCUPATION (Givekindof 10B. KIND OF BUSINESS OR Work done during incatof working life, even if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN QF INDUSTRY E77160 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME TAMIE IS ROUICS 10/12 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO MRS MARY RICHARDS 5500 MERVILLEK TIRE 18. INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES IRRIHOSIS OF RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 1 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICA 21A. ACCIDENT WAS UNDER 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY 1952 to 3/17 , 19 . That I last saw the 22. I hereby certify that I attended the deceased from 3/15 2 Pm., from the causes and on the date stated above. . 19 52 and that death occurred at_ deceased alive on_ 284 SIGNATURE 23c. DATE SIGNED Remmense 24A. BURINL CREMA-25 FUNERAL DIRECTOR DATE RECEIVED BY IREGISTRAR'S SIGNATURE ADDRESS VS 150



VS 150 49060

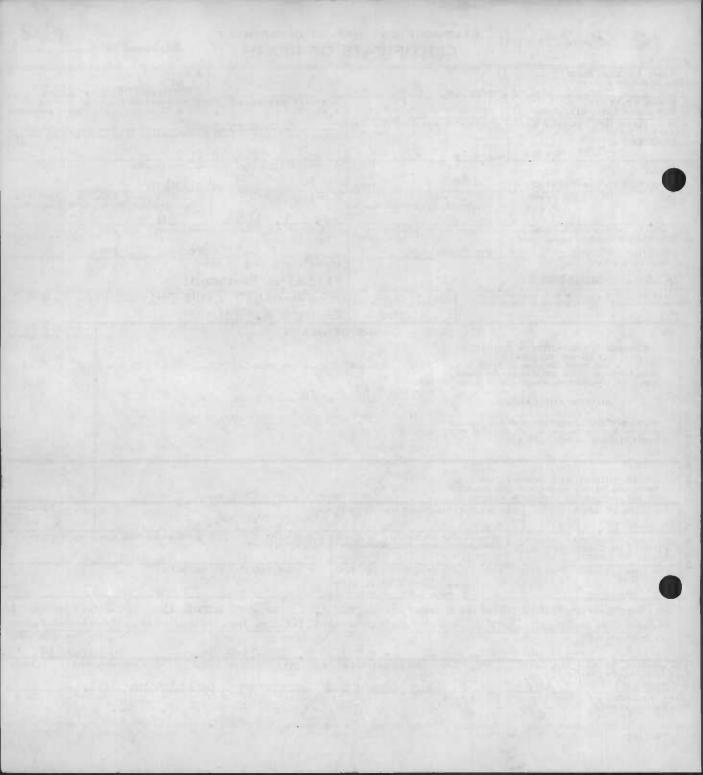


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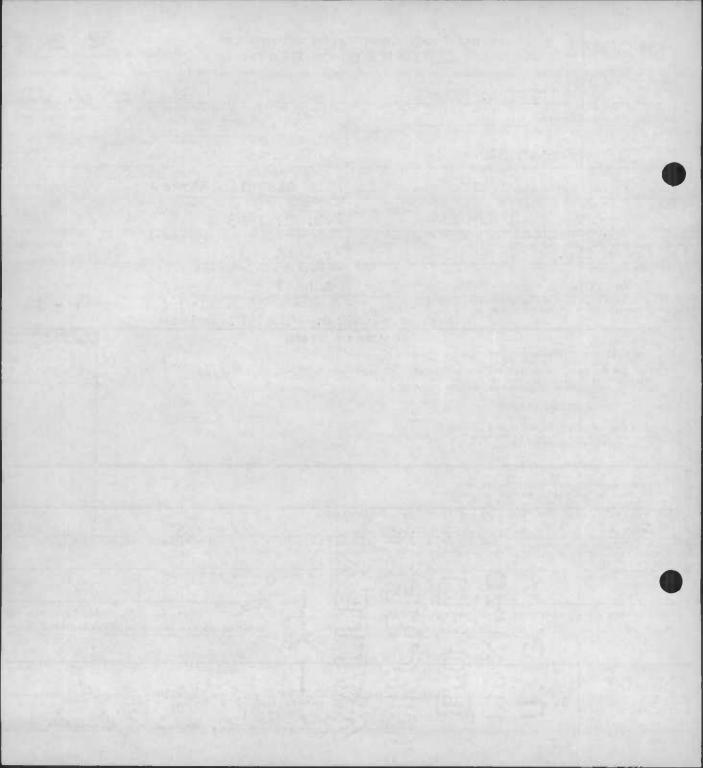
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52	26.52

P	IRTH NO.	Full M. J. S.		CERTIFICATI	E OF DEATH	Registered No	
1.	NAME OF DI	ECEASED				2. DATE	
(7	'ype or Print)	Waiss	Louis	20		OF DEATH March	15. 1952
3. A.	PLACE OF DE Baltimore C	EATH: City, Maryland	,		4. USUAL RESIDENCE (Where deceased lived, If in B. COUNTY	stitution : residence before admission)
H	FULL NAME OSPITAL OR	OF (If not in hospita	al or institut	ion, give street address or location)	c. CITY OR TOWN (I	and (a) If outside corporate limits,	write RURAL and give
1		St. J	oseph !s		Townson	n #),	township)
c	ngth of st	tay in Baltimore	Life	Yrs.	D. STREET ADDRESS (1)	rural, give location) ake Drive	
5.	SEX	6. COLOR OR RACE	7. SINGLE WIDOW	MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years 1 Um last birthday) Mont	nder I Year M Under 24 Hours ths Days Hours Min.
1.0	F	W.	Marie		Mar. 21, 1895	56	
MOL	k done during most o	CUPATION (Give kind of f working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or 1	foreign country)	2. CITIZEN OF WHAT COUNTRY
10	House		Own ho	ome	Baltin		SA
	FATHER'S N	_			14. MOTHER'S MAIDEN N		
		Sommermann			Filimina Bach		
(Ye	m, no or ueknown)	D EVER IN U. S. ARMED (If yee, give war or dated	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT617 I		DRESS 4
	no			none	George M. Wei	.88	
IFICATION	(This does heart failure injury or DISEASES	E OR CONDITION LEADING TO DEAT not mean the mode o re, asthenia, etc. It mea complication which c ANTECEDENT CAUS G OR CONDITIONS, II HE ABOVE CAUSE (A) TING CONDITION LA	f dying, e. g ns the diseas aused death ES ANY, GIVIN STATING TH	(B) DUE TO POST	e parceature operature beliany se	Complicite	24 hrs.
CERTI	TRIBUTING	IGNIFICANT CONDITO TO THE DEATH, BUT	NOT RELATE	D //	hypterestom	7 .	
	19A. DATE O	F OPERATION 1	98. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICA		ENT WAS UNDER-		ACE OF INJURY (e. g., in srm, factory, street, office bldg., e		(If in Baltimore City, giv	YES X NO L
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK							
22. I hereby certify that I attended the deceased from March 9, , 1952, to March 15 , 1952 that I last sau						that I last saw the	
deceased alive on March 15, 1952, and that death occurred at 2:00pm., from the causes and on the date stated ab					date stated above.		
	23A. SIGNAT	mce a h	1	•	38. ADDRESS	Q+	March 15. 15
2. TI	4A. BURIAL. CON, REMOVAL (S	REWA- 248. DATE pecify)	Neg.	24C. NAME OF CEMETE	NOO N. Caroline RY OR CREMATORY 24D. I	LOCATION (City, town, or	r county) (State)
_	ATE RECEIVE	BY REGISTRAR	SSIGNATU		mer Cemetery	Baltimore, 1	ADDRESS
	OCAL REGIST		专业	History M. P.	HENRY SANDER &		F Sandy.



2123	
52 2653 BALTIMORE CITY HE CERTIFICATI	E OF DEATH Registered No. 26.33
1. NAME OF DECEASED (Type or Print) ERNEST S. NELSON	2. DATE OF DEATH March 17, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	Maryrand
NSTITUTE 316 Aisquith Street	Baltimore (If outside corporate limits, write RURAL and give township)
c. Length of stay in Baltimore Life Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 2316 Aisquith Street
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	Feb. 2, 1893 9. AGE (In years of Under 1 Year Months Days Hours Min.
10a. USUAL OCCUPATION (Givekind of or done during most of working life, even if retired) ICC Cream Mrg.	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
? Nelson	Anna ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) NO 215-63-2849	17. INFORMANT2316 Alsquith Street - 18 Mrs. Ethel F. Nelson
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	un one opportule 2 ps
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	
21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., 6	n or 21C. WHERE DID (If in Baltimore City, give exact location)
P. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURR INJURY MHILE AT WORK NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from Modeceased alive on 3-16, 1917, and that death occur	rred at & A m., from the causes and on the date stated above.
Juin Much M.D.	300 3 January 3-17-52
24A. BURIAL. CREMA. 24B. DATE 24C. NAME OF CEMETE 10N, REMOVAL (Specify) 24C. NAME OF CEMETE 24C. NAME OF CEMETE 10N DURIAL 3/20/52 Loudon Park	
DATE RECEIVED BY REGISTRAR'S SIGNATURE	Cemetery Baltymore, Md. Aforess HENRY SANDER SONS, INC. AFORESS
VS 150 6904	1

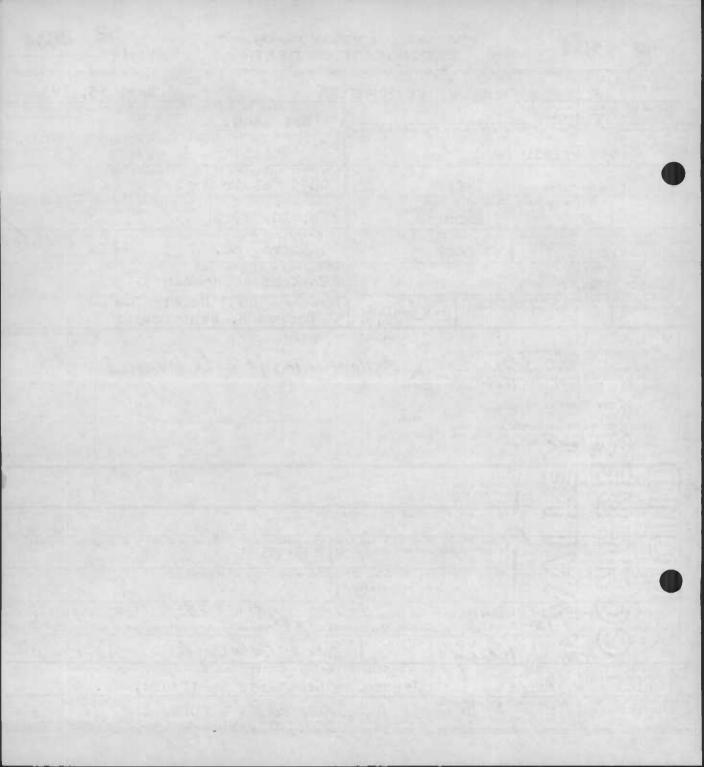


52 2654 BIRTH NO.

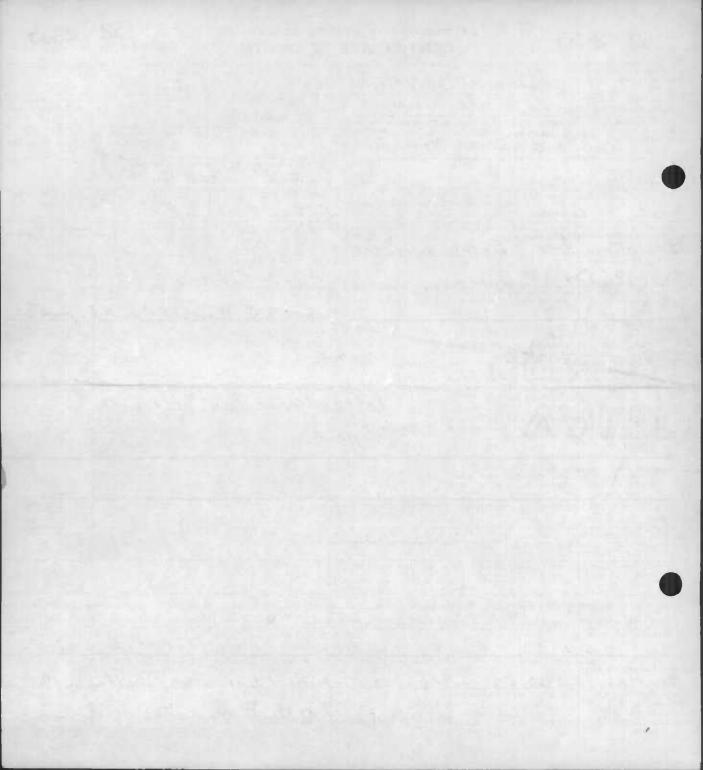
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

na ^F	2850
	700

	ype or Print)		BARBARA	WESTERME	YER	of Mar.	15. 1952
	PLACE OF D		DAIWAIG	WED TELES	4. USUAL RESIDENCE (W)		nstitution: residence
В.	FULL NAME		tal or institution,	give street address or	^. STAMaryland		before admission)
77	OSPITAL OR ISTITUTION 48	35 Belair	Road	location)	c. CITY OR TOWN (If a Baltimore		write RURAL and give township)
		tay in Baltimore	Life	Yrs. Mos. Days	0. STREET ADDRESS (Ifr 4835 Pelair F		
5.	F	6.COLOR OR RACE		DIVORCED (Specify)	Feb. 10, 1920		Under 7 Year II Under 24 Hours this Days Hours Min.
or	A. USUAL OCK done during most of lousewor	CUPATION (Give kind of working life, even if retired	at home	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Baltimore, Md.	eign country)	12. CITIZEN OF
13	Elmer C				14. MOTHER'S MAIDEN NA Josephine Bed		
15	WAS DECEASE	D FIFTH III II II A LOUI	D FORCES? 16	. SOCIAL	-		
Ye	o, no or unknown)	(If yes, give war or date	en of service) 2:	14- 20,706	17. INFORMANT 4835 3 George H. We		DRESS
CERTIFICATION	(This does heart failu injury or DISEASES RISE TO TO UNDERLY OTHER STRIBUTING	SE OR CONDITION LEADING TO DEA not mean the mode re, asthenia, etc. It mes complication which ANTECEDENT CAU SOR CONDITIONS, HE ABOVE CAUSE (A) 'ING CONDITION L. II IGNIFICANT COND TO THE DEATH, BUT ISEASE OR CONDITION	TH of dying, e. g., ans the disease, caused death.) SES F ANY, GIVING STATING THE AST. ITIONS CON- NOT RELATEO	(A) Myelo. DUE TO (B)	-monocytic	levkemia.	?
AL	19a, DATE O	F OPERATION	19B, MAJOR FIN	NDINGS OF OPER	ATION		20. AUTOPSY?
MEDIC	LYING OF	ENT WAS UNDER- R CONTRIBUTING DEATH	about home, farm, f	OF INJURY (e. g., in factory, street, office bldg., e	tc.) INJURY OCCUR?	in Baltimore City, gi	ve exact location)
	INSORT		m. WHILI				
				that death occur		e causes and on the	that I last saw the e date stated above. 23c. DATE SIGNED 3-17-52
24	Burial S	REMA- 248 DATE	/24c.		em Cemetery Ba	Ltimore, Mo	
	ATE RECEIVED CAL REGISTI WR 1 8 VS 150		s signature	, 61 1	25. FUNERAL DIRECTOR		Andress
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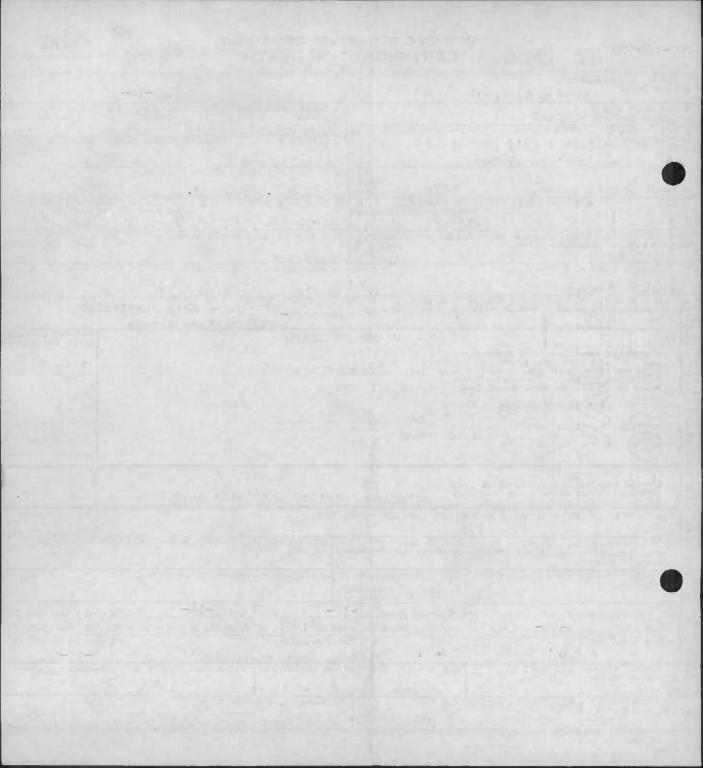
9	260							
	50	2655	BAL	TIMORE CIT	TY HE	ALTH DEPARTMENT	52	2655
B	IRTH NO.	たできいり		CERTIFIC	CATE	OF DEATH	Registered No	
1.	NAME OF Drype or Print)	DECEASED Tho	mas	BOWSE	ER		2. DATE 3./7	. 52
Α.		City, Maryland	Balt	rinore		4. USUAL RESIDENCE (WA. STATE Jack'um	here deceased lived. If in	stitution: residence before admission)
H	OSPITAL OR		n room	i, at la	ocation)		outside corporate limits,	write RURAL and give
		7			Yrs. Mos.	o. STREET ADDRESS (If)		7
5.	. SEX	stay in Baltimore	7. SINGLE	E, MARRIED.	Days	8. DATE OF BIRTH	9. AGE (in years) If U	nder 1 Year If Under 24 Hours
	male	eolored		ED, DIVORCED	(Specify)	5-8-08	last birthday) Mont	ths Days Hours Min.
1C	Steel	CCUPATION (Give kind of working life, even if retired	Beth!		USTRY	11. BIRTHPLACE (State or fo	reign country)	2. CITIZEN OF WHAT COUNTRY?
13	B. FATHER'S	NAME			. 46	14. MOTHER'S MAIDEN NA	AME	The state of the s
(hristo	pher B	OWSE	r		Mary Parl	ter	
15 (Ye	5. WAS DECEAS	ED EVER IN U.S. ARME (If yes, give war or dat	D FORCES?	16. SOCIAL SECURITY	NO.	17. INFORMANT	ADI	DRESS
						Tornelia C. Bo	Wser 936 N.	Eutan St.
Z	(This doe heart fail injury or	SE OR CONDITION LEADING TO DEA s not mean the mode ure, asthenia, etc. It me complication which	TH of dying, e. g ans the diseas caused death	e, (A)	Lon	ro-voiseular	accident	INTERVAL BETWEEN ONSET ANO OEATH
CATION	RISE TO	S OR CONDITIONS, THE ABOVE CAUSE (A YING CONDITION L	STATING TH	IG		ertension		
CERTIFI	TRIBUTIN	II BIGNIFICANT COND G TO THE OEATH, BUT DISEASE OR CONDITION	NOT RELATE	:D				
_	19A. DATE	OF OPERATION	19в. MAJOR	FINDINGS OF	OPERA	TION		20. AUTOPSY?
EDICA		DENT WAS UNDER-	21B. PLA about home, f	CE OF INJURY	(e. g., in lice bldg., etc	or 21c. WHERE DID (I	f in Baltimore City, giv	YES NO Live exact location)
Σ		(Month) (Day) (Year			CCURRE	21F. HOW DID INJURY	OCCUR?	
	22. I herel	by certify that I at			2	./7. 19 52 to	3./7. , 19.5%	that I last saw the
	deceased a					ed at 12.46 P.m., from th		
	23A. SIGNA	TURE See - les	. L.	, M	23	B. ADDRESS aryland genera	el Haprital	3./2. 52
	4A. BURIAL.			24C. NAME OF C	EMETER	Y OR CREMATORY 24D. LO	OCATION (City, town, o	r county) (State)
1	Buria	1 3/20/	52	Arbutu	s M	emprial Pt Arbi	utus. Balt	a.Co. Md.
DAY	ATE RECEIVE		S SIGNATU	Williams	Model	25. FUNERAL DIRECTOR	2-801 Ma	d. are.
	VS 150	,	0 9	1.91	2 > 4		V - X - 17 19 -	
				0/	3 17			



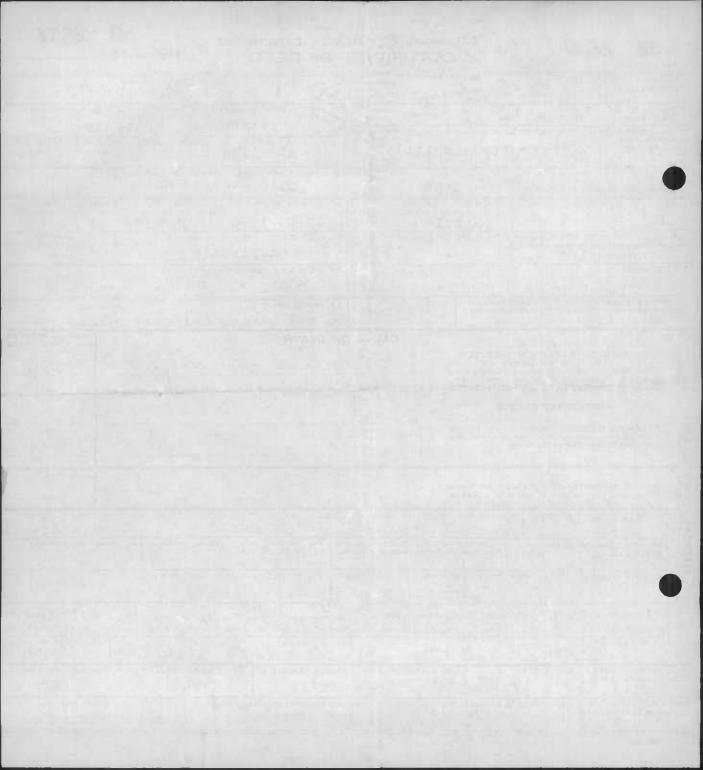
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VMU-129578 52 2056 CERTIFICATE OF DEATH

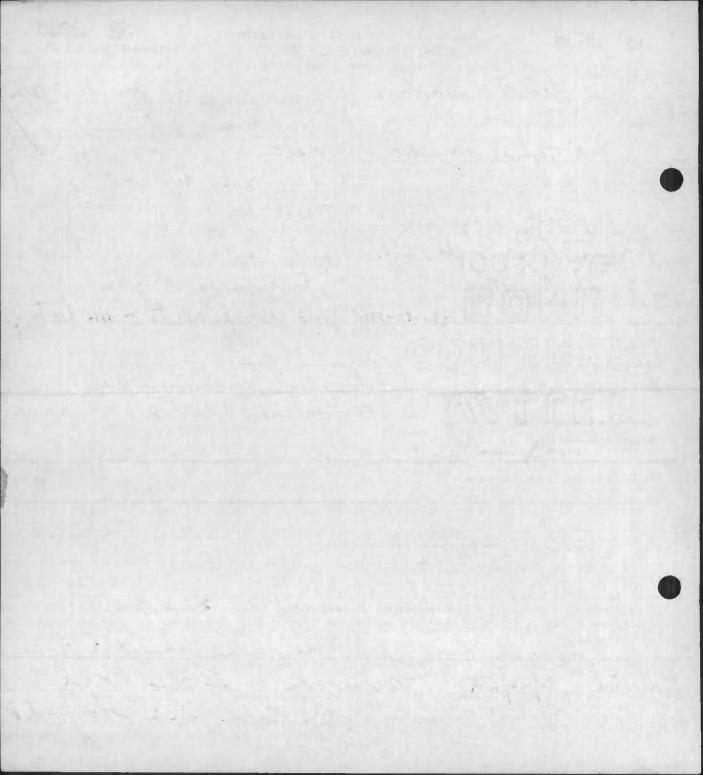
BIRTH NO.	JE Grant	0	CERTIFICATI	E OF DEATH	registered 110.	
1. NAME OF C	DECEASED				2. DATE	
(Type or Print)	Martha Li	mpert			DEATH3-14-52	
3. PLACE OF D	DEATH:			4. USUAL RESIDENCE (W	here deceased lived. If ins	
	City, Maryland OF (If not in hospit	al or institut	ion, give street address or		B. COUNTY	before admission)
HOSPITAL OR	Baltimore Cit	v Hespi	tals location)		outside corporate limits, v	write RURAL and give
	940 Eastern A			paltimore	10-1	() township)
	7-10 2010 1, 0211 20	4 6 22 44 6	Yrs.	D. STREET ADDRESS (If	rural, give location)	
c. Length of s	stay in Baltimore		Life Mos.	1004 E. Chase	S+.	
5. SEX	6.COLOR OR RACE	7. SINGLE	MARRIED.	8. DATE OF BIRTH	9. AGE (In years) # Um	der 1 Year It Under 24 Hours
177	W		ED, DIVORCED (Specify)	March 224 1867	0.6/	hs Days Hours Min.
10A, USUAL OC	CCUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (State or fo		2. CITIZEN OF
ork done during most	of working life even if retired)	0-	INDUSTRY			WHAT COUNTRY?
13. FATHER'S		an	Home	Maryland		
IS. PATHER'S	NAME			14. MOTHER'S MAIDEN NA	- /	
Bernard :				Martha Ata.	Trics	
15. WAS DECEAS Yes, no or unknown)	ED EVER IN U. S. ARMET	FORCES7 s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	City Hespite	RESS
					tern Avenue	
18. 441	4 .		CAUSE	OF DEATH		INTERVAL BETWEEN
DISEA	SE OR CONDITION					ONSET AND DEATH
(This does	s not mean the mode of	f dving. c. g	(A) Bron	chepneumonia		1 week
heart failt	ure, asthenia, etc. It mea	ns the discase	e,			***************************************
1113413			., 502 10			
	ANTECEDENT CAUS	SES				
	S OR CONDITIONS, I			***************************************	***************************************	
UNDERL	THE ABOVE CAUSE (A) YING CONDITION LA	STATING TH	E DUE TO			
3			(C)		***************************************	
L .	11					
	SIGNIFICANT CONDI		1-		7 7.	7 15
	G TO THE DEATH, BUT DISEASE OR CONDITION		Arterioscl	erotic Cardievas	cular disease	over 1 Yr.
19A. DATE	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY1
4						YES NO
	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or leading to the leading of lines of leading to the leading of lines o					
CAUSE OF	DEATH					
P. TIME	TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?					
m. WHILE AT NOT WHILE AT WORK						
(30 10 3-31-						
22. I hereby certify that I attended the deceased from 1949, to 145, to 152, that I last saw the deceased alive on 3-14-, 1952, and that death occurred at 3:45P m., from the causes and on the date stated above						
23A. SIGNATURE 123C. DATE SIGNED						
	4.6.0	loge	A	940 Eastern Avenu		3-17-52
24A. BURIAL.	CREMA- 248. DATE	1 :	24C. NAME OF CEMETE	RY OR CREMATORY 240. LO	OCATION (City, town, or	county) (State)
TION, REMOVAL	0 0 1/1	150	Holy RE	drimers	Root 7	Wal.
DATE RECEIVE		S SIGNATU		25. FUNERAL DIRECTOR	A A	DDRESS
LOCAL REGIST	TRAR	noton 1	Allien in 18	1/184 2 2 00	1219 84 1	20 +
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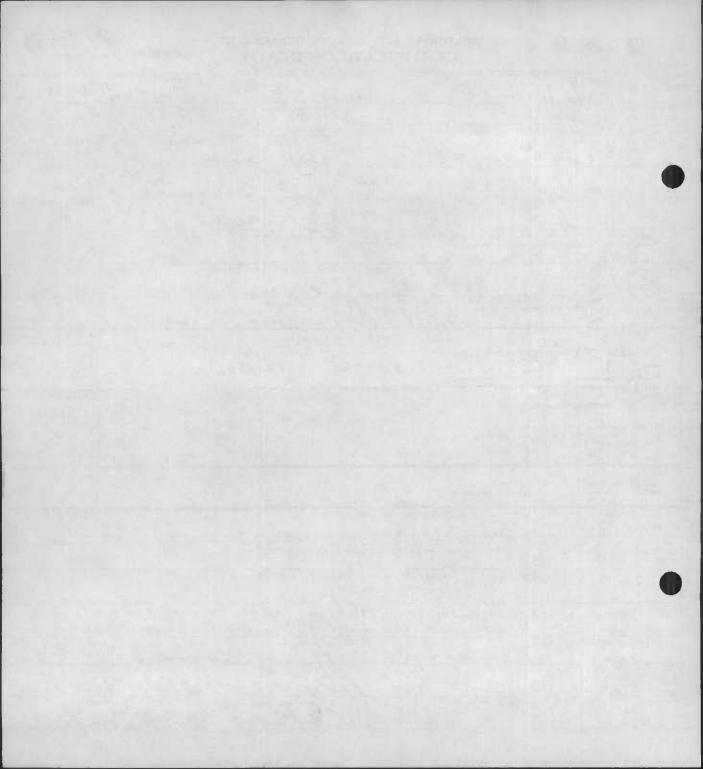
BALTIMORE CITY HEALTH DEPARTMENT 2657 Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence Baltimore A. Baltimore City, Maryland before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION University Hospital Rockdale o. STREET ADDRESS (If rural, give location) Yrs. Mos. 3513 StJames Road 4 days c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year last birthday) Months Days Hours Min. July 15 1896 Married 10A. USUAL OCCUPATION (Givekind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Pennsylvania Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harry Noll Anna Hohemshildt 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. No George Garman Reisterstown Md None INTERVAL BETWEEN ONSET AND OEATH DISEASE OR CONDITION DIRECTLY eracknowd - Klemowskage LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE GEATH. BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL tracranial TRESURE 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, ferm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE AT WORK 1952 to 22. I hereby certify that I attended the deceased from. 19_ _, that I last saw the 19/1 , and that death occurred at m., from the eauses and on the date stated above. deceased alivero 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY ZAD. LOCATION (City, town, or equnty) MtOlive Cemetery Roslyn Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS Wm Berryman & Sons Reisterstown Md



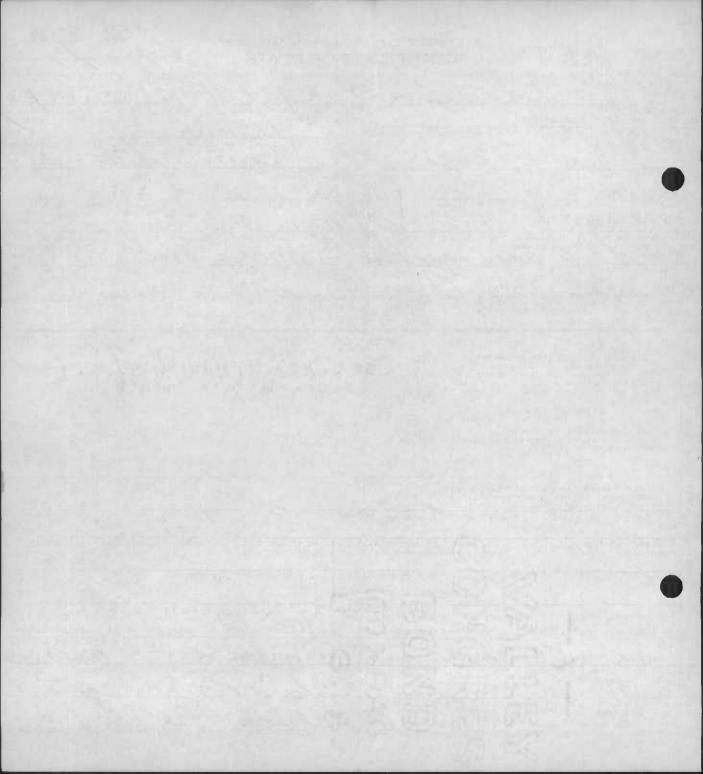
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52 2658 BALTIMORE CITY HE	** * * * * * * * * * * * * * * * * * * *
BIRTH NO.	E OF DEATH Registered No.
1. NAME OF DECEASED Prestan White	2. DATE OF DEATH March 17/902
3. PLACE OF DEATH: W Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
institution and General Hospital	Bellimore 21-34 township
ml. General Hospital (1) Yrs. (2) Mos.	D. STREET ADDRESS (If rural, give location)
ngth of stay in Baltimore Days	4113 Century AVR. #6
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years II Under I Year II Under 24 Hours Min.
10A. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR work done during most of working life, even of retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
foreman Comer Smell & Ref.	ma. U.S.A. U.S.A.
SAR RIVERS NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS A
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Mis Jennie White - 4/13 Century
18. 422.1 CAUSE	OF DEATH ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	T V P 1 1 2 2
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	estive west-facture.
injury or complication which caused death.) DUE TO and	isselvotie cardiovascular disease
Z ANTECEDENT CAUSES	umonia tilatral 6 weeks
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
4 CHECKETHE	
OTHER SIGNIFICANT CONDITIONS CON-	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
CAL	YES NO
218. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg. c	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR INJURY	ED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from m	arch 13, 1952, to march 171952 that I last saw th
	rred at & A.m., from the causes and on the date stated above
23A. SIGNATURE Azz - Ini Lin M.D.	md. General Hospital 3-17-52
244 BURIAL CREMA- 248. DATE 24C. NAME OF CEMETE	
Durial 3/20/52 / arke	ood Dallo Ma
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR
MAR 1 8 1952	A A ROLL OSO O VOGETA
Vs 150	3.30

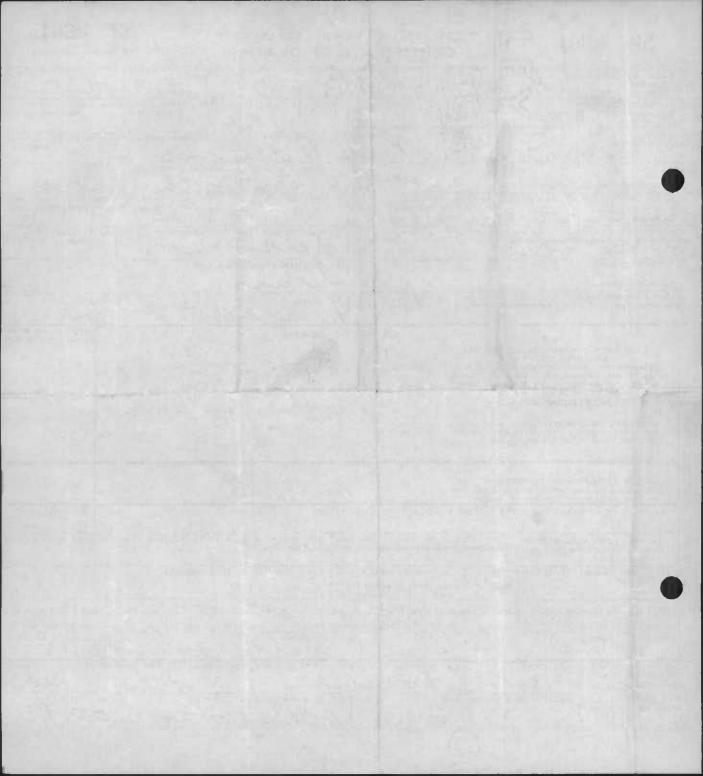


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	0:0	BALTIMO	SHOPE	ALTH DEPARTM	APAIT.		52	2659
52 %	608			OF DEATH		egistered	No	2503
BIRTH NO.								
1. NAME OF DECE (Type or Print)	Will: an	F	Kal	w.c	2. DA	MA.	v. 16	. 1952
3. PLACE OF DEAT A. Baltimore City	H:			4. USUAL RESIDE	NCE (Where deed			on: residence
B. FULL NAME OF HOSPITAL OR		l or institution, gi	ve street address or location)	Md		0)/+0		
INSTITUTION	ercy /	tospita	,	C. CITY OR TOWN		orporate lim	ts, write I	RURAL and giv township
	evey /	1039,74	Yrs.	D. STREET ADDRES	SS (If rural, giv	e location)		
c. Length of stay		46	Mos David	1519 (Tisqu	ith	11	
5. SEX 6. C	OLOR OR RACE	7. SINGLE, MAI WIDOWED, D	RRIED. IVORCED (Specify)	8. DATE OF BIRTH		(In years birthday) M	fi Under 1 Year onths Day	ys Hours Min.
IOA. USUAL OCCUP	ATION (Give kind of	IOB. KIND OF E	BUSINESS OR	11. BIRTHPLACE (St	ate or foreign con	G Intro	1 12 CIT	IZEN OF
Shipping mont of wor	king life, even if retired)	Pack	INDUSTRY	14 2		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		AT COUNTRY
13. FATHER'S NAM	E	FIACLC		14. MOTHER'S MAI	DEN NAME		1	<u> </u>
trede.	rick	Kohrs		Anna	Blu	nu		
15, WAS DECEASED E	VER IN U.S. ARMED If yes, give war or dates		SOCIAL SECURITY NO	17. INFORMANT	()	,	DDRESS	;
118. 501	•	PAIN	-01-403F	F DEATH	m. Dhee	†	LINTE	ERVAL BETWEEN
2010	OR CONDITION I	DIRECTLY	CAUSE	DEATH	1			ET AND OEATH
(This does not	ADING TO DEAT mean the mode of	H dying, e.g.,	(A) Porto	al Cirr	hosis			
heart failure, a injury or com	sthenia, etc. It mear plication which ca	used death.)	DUE TO					
ANT	ECEDENT CAUS	Es						
DISEASES OF	CONDITIONS, IF	ANY, GIVING	(B)					
UNDERLYING	BOVE CAUSE (A)	STATING THE C	OUE TO					
			(C)				MARKETO CONTINUE	
OTHER SIGN	IFICANT CONDIT	IONS CON-						
	THE OEATH, BUT NEE OR CONDITION							
19A. DATE OF O	PERATION 15	B. MAJOR FINE	DINGS OF OPERA	ATION				AUTOPSY?
21A. ACCIDENT	WAS UNDER-	21B. PLACE O	F INJURY (e.g., in	or 21c. WHERE DI		imore City,	give exac	
LYING OR CO		about home, farm, fac	tory, street, office bldg., et	o.) INJURY OCCUR	27			
P. TIME (Mon	th) (Day) (Year)	(Hour) 21E. I.	NJURY OCCURRE	D 21F. HOW DID	INJURY OCCUP	23		
		m. WHILE /	AT WORK L					
22. I hereby ce	ertify that I atte	ended the deced	ased from Ma	×. 8 , 1952,	to_Mar, /	€ , 195	2, that i	I last saw th
deceased alive		$\frac{192}{}$ and t		red at 5 . 40 pm.,	from the cause	es and on		
lyd	o D. Z	homas	M. D.	Mercy	Hask	ital	3-	16-51
244 BURIAL CREM TION REMOVAL (Speci	A- 248. DATE	/ 24c. N	AME OF CEMETER	Y OF CREMATORY	240. LOCATION	(City, tow)	or count;	(State)
Hereail	1 2/20	52	Haly L	edeemer	Hai	so .	Mo	<u></u>
LOCAL REGISTRAR	REGISTRARYS	SIGNATURE /	200 250	25. FUNERAL BIRE	1 5	305	ADDRE	Ind
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V3 (50			3429	9			0	

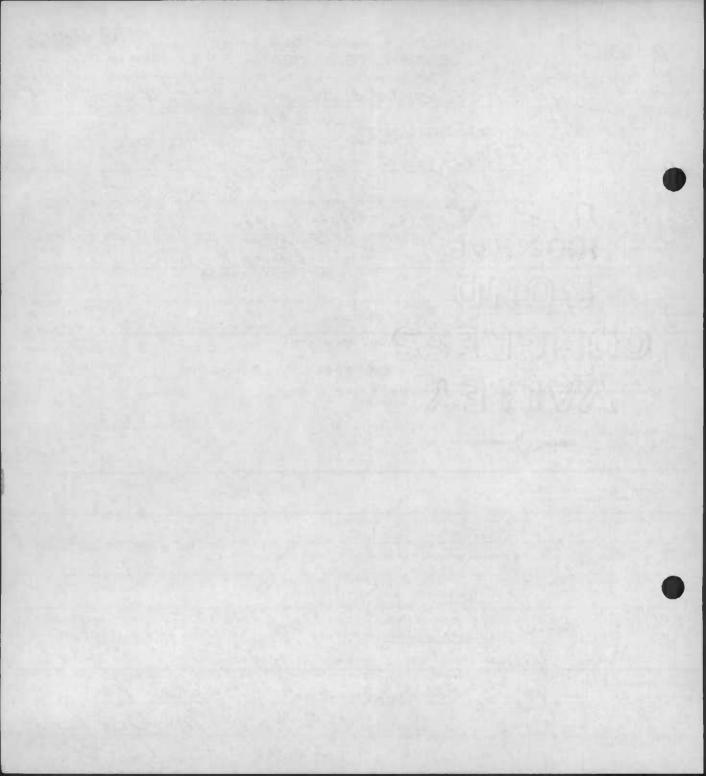


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В	IRTH NO.	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH	Registered No.	2660
	NAME OF DECEASED Type or Print	9821 11	2. DATE MA	111 10 -0
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (V	DEATH //WV	itution: residence before admission)
H	FULL NAME OF (If not in hospital or in OSPITAL OR ISTITUTION	astitution, give street address or location) C. CITY OR TOWN (If	tutside corporate limits	rite RURAL, and give township)
0	6d0 6. 8	Yrs. D. STREET ADDRESS (If	rural, give location)	-0_3
	Length of stay in Baltimore	Mos. Days 620 E. 3		A company of a second s
10	nale white y	INGLE, MARRIED, 100WED, DIVORCED (Specify) 201. 12 -1896 KIND OF BUSINESS OR 11 BIRTHPLACE (State or for	last birtyday) Months	Days Hours Min.
worl	dehoduring most of the life of en if relieved	Meus Fast Baltim are	- Med!	WHAT COUNTRY?
18	FOTHER'S NAME	AL MOTHER'S MAIDEN N.	AME	
15 (Ye	WAS DECEASED EVER IN U. S. ARMED FORCE , no or unknown) (11 yes, give war or dates of servents)	EST 16. SOCIAL TO IT. INFORMANT SECURITY NO.	6 Vansso	RESS
		,,		
	DISEASE OR CONDITION DIREC	CAUSE OF DEATH	11/ - /	ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dyin heart failure, asthenia, etc. It means the injury or complication which caused	g, e. g., disease,	populary fermined	144
7	ANTECEDENT CAUSES			
RTIFICATION	DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATI UNDERLYING CONDITION LAST.			
IFIC	В	(C)		
CERT	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE OEATH, BUT NOT F TO THE OISEASE OR CONDITION CAUS	RELATEO		
٦		AJOR FINDINGS OF OPERATION		20. AUTOPSY?
EDICA		s. PLACE OF INJURY (e. g., in or home, farm, factory, street, office bldg., etc.) 21C. WHERE DID 1NJURY OCCUR?	If in Baltimore City, give	exact location)
Σ	P. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY m, WORK NOT WHILE AT WORK	OCCUR?	
	22. I hereby certify that I attended	the deceased from Mar. 7 1972, to M	01.14 , 1917, tl	
	deceased alive on Mar. 12, 191	and that death occurred at		ate stated above.
	com. H. Kom n	rev, Sono Jois hundan	art. 1	4 au-14,145
	REMOVAL (Specify)	24C. NOWE OF CEMETERY OR CREMATORY 24D. L	OCATION (City, town, or o	tel state
	ATE RECEIVED BY REGISTRAR'S SIG	NATURE 25. FUNERAL DIRECTOR	Sau Ada	strolf.
_	VS 150	571 /4m	6	





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	52 2000
52 2862 A BALTIMORE CITY HE	
BIRTH NO. CERTIFICATI	E OF DEATH Registered No.
1. NAME OF DECEASED JOHN DONNE	- LLA 2. DATE OF MARCH 17-1957
3. PLACE OF DEATH: A. Baltimore City, Margland	4. USUAL RESIDENCE (Where deceased lived, if institution: residence A. STATE B. GOUNTY before admission)
B. FULL NAME OF Whot in hospital or institution, give street address or HOSPITAL OR location)	1100 /3-03
INSTITUTION / 11 MX CLAPE STOCATION)	c. CITY R TOWN (If outside corporate limits, write RURAL and give township)
c. Length of stay in Baltimore Yrs. Moss Pays	D. STREET ADDRESS (If rural, give location)
MALE 6. COLOR OR RACE 7, SINGLE, MARRIED, WAGNED, DIVORCED (Specify)	SEATE OF BIRTH 9. AGE (In years If Under 1 Year In Under 24 Hours Min. Months Days Hours Min.
10A UEUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR UNDERLY WORLD OF THE WO	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no by unknown) (If yes, give war or dates of service)	MARIANT ADDRESS MALOL - PL
18. 1/201 CAUSE	OF DEATH JINTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH	onary occlusion 1 km
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
Z (B)	
O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
UNDERLYING CONDITION LAST.	
(c)	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	
21a. ACCIDENT WAS UNDER. 21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg., e	
	or 21c. WHERE DID (If in Baltimore City, give exact location)
TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRINJURY	or 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI	tor 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? ED 21f. HOW DID INJURY OCCUR?
TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRING M. WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from 3	or 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? ED 21f. HOW DID INJURY OCCUR?
TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRING NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from 3 deceased alive on 3 17-52, 19, and that death occur	21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 17 - 5 - 19 , to 3 - 17 - 5 - 19 , that I last saw the red at 6 - 2 m., from the causes and on the date stated above.
TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRING WHILE AT NOT WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from 3 deceased alive on 3 1 - 52 19 , and that death occur 23A. SIGNATURE 2	21c. WHERE DID (If in Baltimore City, give exact location) ED 21f. HOW DID INJURY OCCUR? 17-52, 19, to 3-17-52, 19, that I last saw the red at 6 pm., from the causes and on the date stated above. 38. ADDRESS 123c. DATE SIGNED
TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from 3 deceased alive on 317-52, 19, and that death occur 23A. SIGNATURE 24A. BURIAL, CREMA-1, 24B. DATE 24A. NAME OF SENETE	21c. WHERE DID (If in Baltimore City, give exact location) ED 21f. HOW DID INJURY OCCUR? 17-52, 19, to 3-17-52, 19, that I last saw the red at 6-2 m., from the causes and on the date stated above. 38. ADDRESS 23c. DATE SIGNED 3-18,52
TIME (Month) (Day) (Year) (Hour) NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from 3- deceased alive on 3-17-52, 19 , and that death occur 23A. SIGNATURE NOT WHILE AT WORK At WORK At WORK A. D.	21c. WHERE DID (If in Baltimore City, give exact location) ED 21f. HOW DID INJURY OCCUR? 17-5-6, 19, to 3-17-52, 19, that I last saw the red at 6-2 m., from the causes and on the date stated above. 38. ADDRESS 23c. DATE SIGNED 3-18,52
TIME (Month) (Day) (Year) (Hour) NOT WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from 3- deceased alive on 3-17-52, 19 , and that death occur 23A. SIGNATURE 24A. NAME OF SENETE 103. REMOVAL (Specify) 3-70-77 DATE RECEIVED BY REGISTRAR'S SIGNATURE	21c. WHERE DID (If in Baltimore City, give exact location) ED 21f. HOW DID INJURY OCCUR? 17-5-6, 19, to 3-17-52, 19, that I last saw the red at 6-2 m., from the causes and on the date stated above. 38. ADDRESS 23c. DATE SIGNED 3-18,52
TIME (Month) (Day) (Year) (Hour) NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from 3 deceased alive on 3 17 - 52, 19 , and that death occur 23A. SIGNATURE 24A. NAME OF SENETE 103. REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE, LOTAL REGISTRAR 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	21c. WHERE DID (If in Baltimore City, give exact location) ED 21f. HOW DID INJURY OCCUR? 17-52, 19, to 3-17-52, 19, that I last saw the red at 6 2 m., from the causes and on the date stated above. 38. ADDRESS 23c. DATE SIGNED 3-18, 52 RYOR CREMATORY 24D DOCATION (City, town, or counts) (State)
TIME (Month) (Day) (Year) (Hour) NOT WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from 3- deceased alive on 3-17-52, 19 , and that death occur 23A. SIGNATURE 24A. NAME OF SENETE 103. REMOVAL (Specify) 3-70-77 DATE RECEIVED BY REGISTRAR'S SIGNATURE	21c. WHERE DID (If in Baltimore City, give exact location) ED 21f. HOW DID INJURY OCCUR? 17-52, 19, to 3-17-52, 19, that I last saw the red at 6 2 m., from the causes and on the date stated above. 38. ADDRESS 23c. DATE SIGNED 3-18, 52 RYOR CREMATORY 24D DOCATION (City, town, or counts) (State)



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

BIRTH NO.	CERTIFICATE	- OF BEATH	
1. NAME OF DECEASED (Type or Print) JAI	MFS II. GUARD	2. DATE OF DEATH	Mar. 16, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital OR INSTITUTION)	al or institution, give street address or location)	A. USUAL RESIDENCE (Where deceased lived, A. STATE B. COUNTY Md. C. CITY OR TOWN (If outside corporate lir	before admission
2327 N. Char	es St. Yrs.	Baltimore D. STREET ADDRESS (If rural, give location)	township
c. Length of stay in Baltimore	Mos. Days	1123 N. Eutaw Place	
5. SEX 6. COLOR OR RACE white	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) WIDOWED	Dec. 25, 1871 9. AGE (In years last birthday)	Months Days Hours Min.
10A. USUAL OCCUPATION (Give kied of work done during most of work log life, even if retired) Tetired	108. KIND OF BUSINESS OR INDUSTRY Insurance	11. BIRTHPLACE (State or foreign country) South Africa	12. CITIZEN OF WHAT COUNTRY
Thomas J. Guard		14. MOTHER'S MAIDEN NAME Elizabeth Barrett	
15. WAS DECEASED EVER IN U. S. ARMED (Yes, no or uokoowo) (If yes, give war or dates	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Mr. John L. Swope - Garris	ADDRESS on, Md.
Z DISEASE OR CONDITION I LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which established the second state of the second sta	H f dying, e. g., as the disease, aused death.) ES (A) (A) (B) (B) (B) STATING THE DUE TO	statu carenma y pet. 4 vicen. /typerseplem	is, 3 hiss.
To the disease or condition 19a. Date of operation 15 February 9, 1952	NOT RELATED CAUSING IT. 98. MAJOR FINDINGS OF OPER.	ie bore - Hapeneplining A.	20. AUTOPSY? YES NO 2
D. TIME (Month) (Day) (Year) INJURY 22. I hereby certify that I atte	about home, farm, factory, street, office bldg., e (Hour) 21E. INJURY OCCURRE WHILE AT NOT WHILE AT WORK ended the deceased from Jar , 1952, and that death occur	to.) INJURY OCCUR?	Lthat I last saw th
24A. BURIAL. CREMA: 24B. DATE TION. REMOVAL (Specify) 3/18/52	24c. NAME OF CEMETER Druid Ridge Oer	ry or CREMATORY 24b. LOCATION (City, towns.) Pikesville,	on, or county) (State)
LOCAL REGISTRAR	STOR WILLIAM O	25 FUNERAL DRECTOR Chener	ADDRESS
VS 150	0	Balto 1	7 Md.

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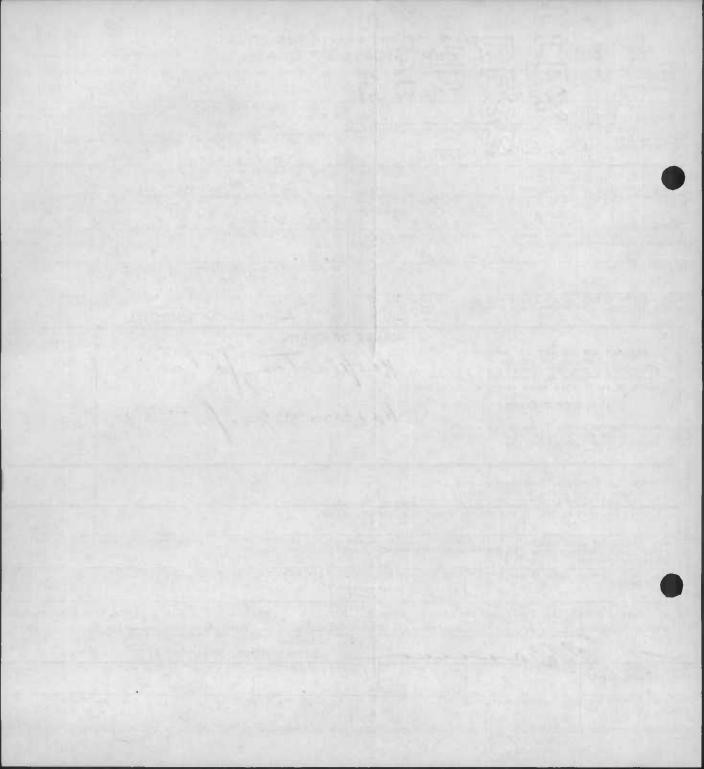
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2/ Harden St. 12 Mars 2

52 2664 BIRTH NO.	BALTIMORE CITY HE CERTIFICATI		TEN I	2661
1. NAME OF DECEASED (Type or Print) FRANK	Wright		2. DATE OF MAR	15 1952
B. FULL NAME OF (If not in hospital or in HOSPITAL OR INSTITUTION JOHNS HOPKINS	astitution, give street address or location) HOSPITAL	A. USUAL RESIDER	NCE (Where deceased lived, If in B. COUNTY (If outside corporate limits,	before admission)
c. Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRES	Callow Ave	inder 1 Year 11 Under 24 Hours
male white "	IDOWED, DIVORCED (Specify) KIND OF BUSINESS OR INDUSTRY	10-8-9	last birthday) Mon	ths Days Hours Min. 2. CITIZEN OF WHAT COUNTRY
Auto Mechanic Ga 13. FATHER'S NAME Lloyd Wright	rage	W. Va. 14. MOTHER'S MAI Missouri Fil		WINT GOOKING
15. WAS DECEASED EVER IN U. S. ARMED FORC (Yes, no or unknown) (If yes, give war or dates of serv	ES? 16. SOCIAL SECURITY NO. 278-05-2109	17. INFORMANT JOHNS	HOPKINS HOSPITAL	DRESS
DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dyin heart failure, asthenia, etc. It means the injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATIL UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT R	g, e.g., (A) disease, death.) DUE TO (B) (B) (C)	of DEATH	falus	INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION 19B. MA	ELATED	ATION		20, AUTOPSY?
LYING OR CONTRIBUTING about	s. PLACE OF INJURY (e. g., it home, farm, factory, street, office bldg., e	tc.) INJURY OCCUR	7	YES NO Ve exact location)
D. TIME (Month) (Day) (Year) (Hour	m. WHILE AT NOT WHILE MORK AT WORK	ED 21F. HOW DID	INJURY OCCUR?	
22. I hereby certify that I attended deceased alive on 3 - /5 -, 19 9 23A. SIGNATURE	52, and that death occur	red at / 2 9m., . 3B. ADDRESS	to 3-15-, 1952, from the causes and on the PKINS HOSPITAL	that I last saw the date stated above. 23c. DATE SIGNED 3-15-5-2
24A. BURIAL CREMA. 24B7DATE TION. REMOVAL (Specify) Burial 3/18/52 DATE RECEIVED BY REGISTRAR'S SIGN	24c. NAME of CEMETER Lorrain	RY OR CREMATORY	24b. LOCATION (City, town, o	r county) (State)
VS 150	55083	2/18m. J.	Jickner 4 x	ms.

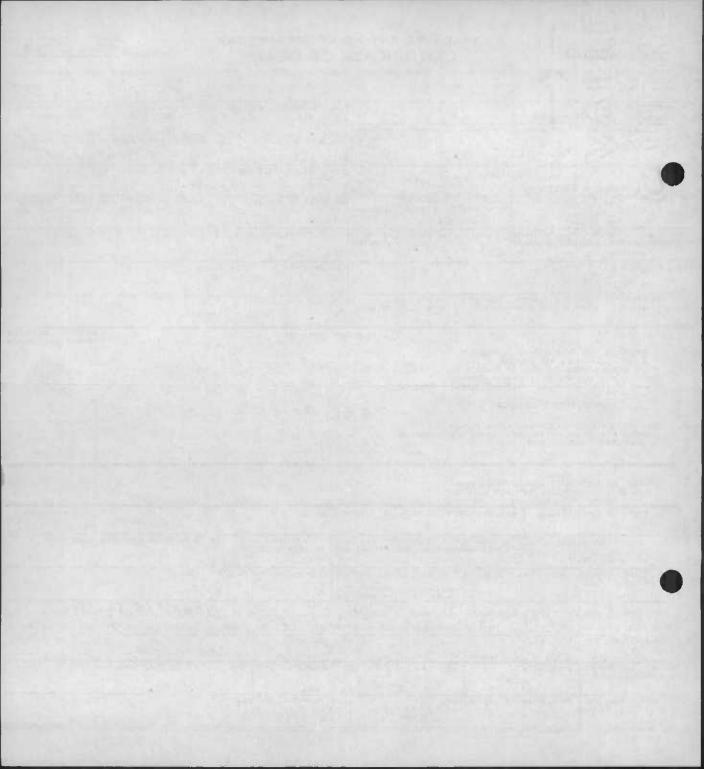
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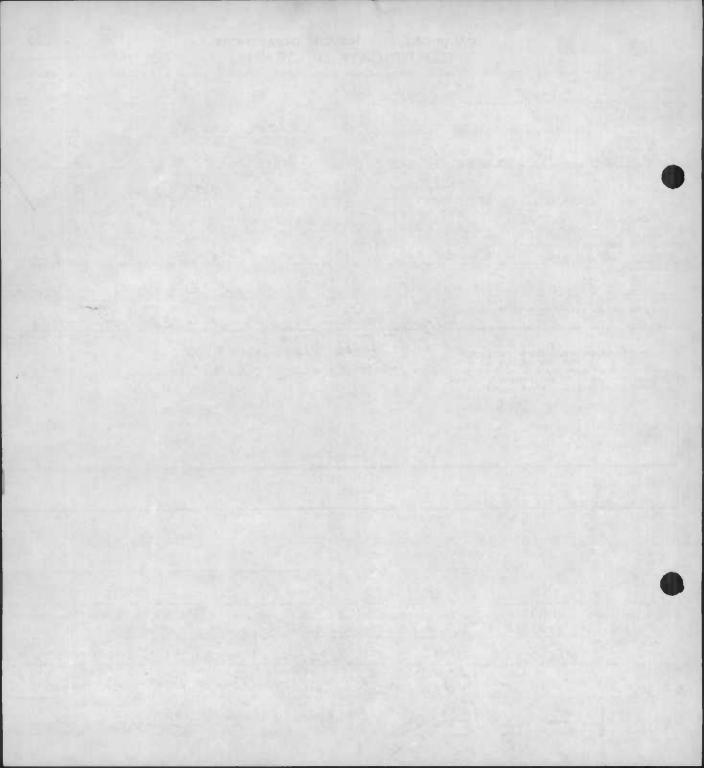
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 2005

BI	52, RTH NO.	2665	BAI	CERTIFICATI			2 2 35
	NAME OF 'ype or Print)		OSEPH L. I	RITTER		2. DATE OF DEATH	or. 11, 1952
A. B.	FULL NAME	City, Maryland		ion, give street address or	A. STATE	ENCE (Where deceased lived. If i B. COUNTY	before admission)
	OSPITAL OR		gehill Ave	location) Yrs.	Baltimore	(If outside corporate limits	write RURAL and give township)
		stay in Baltimo		Mos. Days	2023 Ridge	hill Ave.	
	male	6. COLOR DR R	WIDOW	E. MARRIED. VED. DIVORCED (Specify)	Aug. 11, 18	. last_hirthday) Mor	onder I Your ff Under 24 Hours ths Days Hours Min.
worl	done during mos		Gas a	O OF BUSINESS OR Elec. INDUSTRY	Mariland		12. CITIZEN OF WHAT COUNTRY1
13	Unknow				14. MOTHER'S MA Unknorn	IDEN NAME	
15 (Ye	. WAS DECEA	SED EVER IN U. S. A	ARMED FORCES? or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Jeanet	te Lefkowitz - 202	DRESS AV 3 Ridgehill/
ERTIFICATION	DISEASI RISE TO UNDERL	es not mean the m ture, asthenia, etc. I r complication wh ANTECEDENT (ES OR CONDITION THE ABOVE CAUSE LYING CONDITION SIGNIFICANT CO	t means the disens ich caused death CAUSES NS. IF ANY, GIVIN (A) STATING TH N LAST. ONDITIONS CONBUT NOT RELATE	(B) CAR (B) CAR (C)		- COLON-	?
AL C		OF OPERATION		FINDINGS OF OPER	ATION		20. AUTOPSY?
MEDICA	D. TIME INJURY 22. I here deceased	(Month) (Day) (Year) (Hour) m. I attended the		ED 21F. HOW DID	h to March 1,495, from the causes and on the	that I last saw the date stated above.
	Burial	CREMA- 248, DA		24c. NAME OF CEMETE New Cathedra		Bauto, Id.	or county) (State)
L	ATE RECEIVED CAL REGIS	TRAPE -	RAR'S SIGNATU		25 FUNERAL DIR		ADDRESS
	VS 150		Ö			Batto 1	7, md.



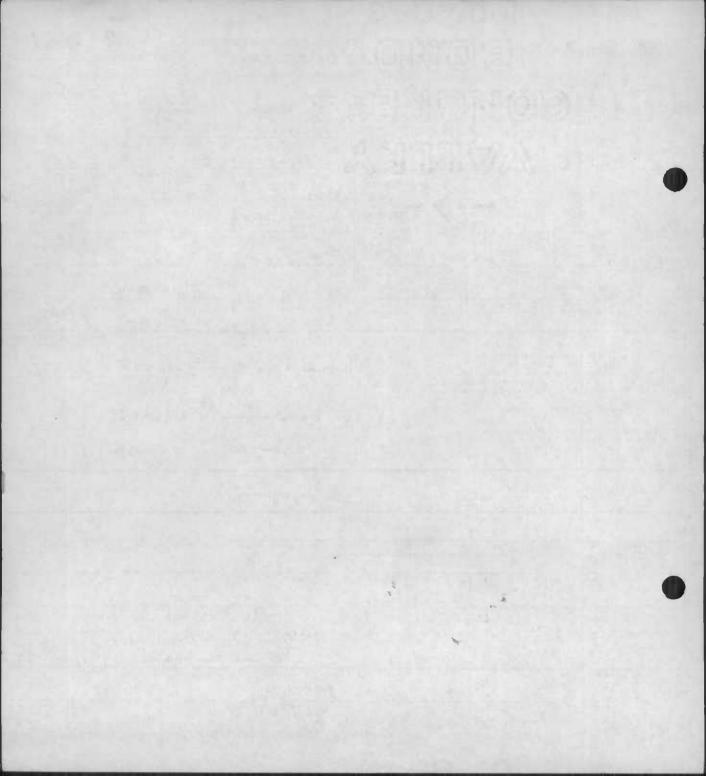
-650			
1 (27 31 3	HEALTH DEPARTMENT	Registered No	2006
1. NAME OF DECEASED (Type or Print) Robert Thomas	Grimm	2. DATE OF DEATH 3-	16-52
3. PLACE OF DEATH: A. Baltimore City, Maryland	A. STATE	here deceased lived. If ins	titution: residence before admiration)
B. FULL NAME OF (If not in hospital or institution, give street address locati INSTITUTION	020/	outside corporate limits,	
Union Memorial Hosp	S. D. STREET ADDRESS (If r	ural, give location)	2 Stownship
c. Length of stay in Baltimore	os. 2301 4	artord .	Pd
5. SEX 6. COLOR OR RACE 7, SINGLE, MARRIED. WIDOWED, DIVORCED (Spec	May 11, 1903	last birthday) Mont	der I Year II Under 24 Juurs hes Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done) typing most of weaking live your if retired INDUST		reign country) 1:	CITIZEN OF
13. FATHER'S NAME	14. MOTHER'S MAIDEN NA	ME	U.S.Ct.
15. WAS DECEASED EVER N U, S. ARMED FORCES? 16. SOCIAL	Adelaide	Emma 1	larkette
(Yes, no ar unknown) (If yee, give war or dates of service) SECURITY NC	17. INFORMANT	-2306 Has	stord Rd.
L.	nome of Brond	DOS LANGUAGO DO VIA SA	The same and the s
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
198. MAJOR FINDINGS OF OF	PERATION		YES NO
21A. ACCIDENT WAS UNDER: 21B. PLACE OF INJURY (c. LYING OR CONTRIBUTING about home, farm, factory, atreet, office blue cause of Death		in Baltimore City, giv	e exact location)
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCU INJURY m. WHILE AT NOT WH WORK AT WOR	ILE	OCCUR?	
22. I hereby certify that I attended the deceased from deceased alive on March 16, 1952 and that death oe	126 29, 1952 to	March 16, 1957	hat I last saw the
23A. SIGNATURE QUELLE Q	239. ADDRESS Nemy		23c. DATE SISNED
24A. BURIAL, CHEMA- 24B. DATE TICH REMOVAL (STOCKY) 3-19-52 VARIEUTOOD	andleny Toy	or an Ball	To Wild
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR Huntington Williams My	george V. Mut	LINC Harfo	rd Ave
vs 150 1902 564	24	7007	



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	52	2667	ВА		EALTH DEPARTMENT	T Registered	52 25E	7
ВІ	RTH NO.			CERTIFICAT	E OF DEATH	Tregistered	110.	
	NAME OF ype or Print)		/ ACE	Gibso	2 N	2. DATE OF DEATH	-17-50	2
	PLACE OF Baltimore	City, Maryland			4. USUAL RESIDENCE	(Where deceased lived, B. COUNTY	If institution : reside hefore adn	
H	FULL NAME OSPITAL OR STITUTION			tion, give street address o location		(If outside corporate lin		
A		1217E.1	REST	ON ST	BALI, mo	1	0-0/100	wnship
c.	Length of	stay in Baltimore	9	O XR5 · Mos. Days	1217 E P	PESTON	57.	
5.	SEX	6. COLOR OR RAC		E. MARRIED. VED, DIVORCED (Specify	3-22-1909	9. AGE (in years last birthday)	If Under Year It Under Hours	7 24 Heura Min.
10 vorl	A. USUAL O	CCUPATION (Give kin tof working life, even if reti	red)	OF BUSINESS OR	11. BIRTHPLACE (State or	foreign Country)	12. CITIZEN OF WHAT COU	
13	FATHER'S		1/aWS	PARMY	14. MOTHER'S MAIDEN	NAME ,		
15	NAL	LACE SED EVER IN U. S. AR	9185	DN , ST.	DORA C	URDEA	N	
(Ye	, no or inknown	(If yes, give war or	dates of service)	SECURITY NO.	MARY S. GIB	50N /217 K	ADDRESS C. PRPS/	TON
	18. 4			down	OF DEATH		INTERVAL BE	
	(This do	ASE OR CONDITIO LEADING TO D es not mean the mod lure, asthenia, etc. It is r complication whice	EATH le of dying, e. means the disea	g., (A)se,	ulmana wa	Tulare	4 3/14	/52
7		ANTECEDENT CA	USES	(B) Va	vuler Ho	est bisea	2 ?	
ATIO	RISE TO	ES OR CONDITIONS THE ABOVE CAUSE (YING CONDITION	(A) STATING T		and Roop	Tuland	Ja 3/14/	52
FIC				(C)	1			
ERTI	TRIBUTIN	SIGNIFICANT CON IG TO THE DEATH, B	UT NOT RELAT	ED .				
0		OF OPERATION	Charles of the last of the las	FINDINGS OF OPE	RATION		20. AUTO	PSY?
CAL							YES	No 🗌
EDIC		DENT WAS UNDER OR CONTRIBUTING DEATH		ACE OF INJURY (e. g., farm, factory, street, office bldg.		(If in Baltimore City	, give exact locatio	n)
2	TIME	(Month) (Day) (Ye	ear) (Hour)	21E. INJURY OCCURE	RED 21F. HOW DID INJU	RY OCCUR?		
	INJUR		m.	WHILE AT NOT WHILE		0		
	22. I here	by certify that I	attended the	deceased from 3	19520	March 17, 19	52 that I last se	aw the
		alive on 3/11	6 1952	and that death occu	rred at 1230 Am., from			
	23A. SIGNA	ATURE /	ROLL		23B. ADDRESS	S Ross	- 23c DATES	
11	AA. BURIAL, ON REMOVAL	CREMA- 24B. DAT (Specify)	2/-52	ARBIIIUS	MEM. 1 240.	. LOCATION (City, tow	n, or county) ((State)
6	ATE RECEIV	ED BY REGISTR	AR'S SIGNAT	URE	1 25. FUNERAL DIRECTOR	R	ADDRESS	1



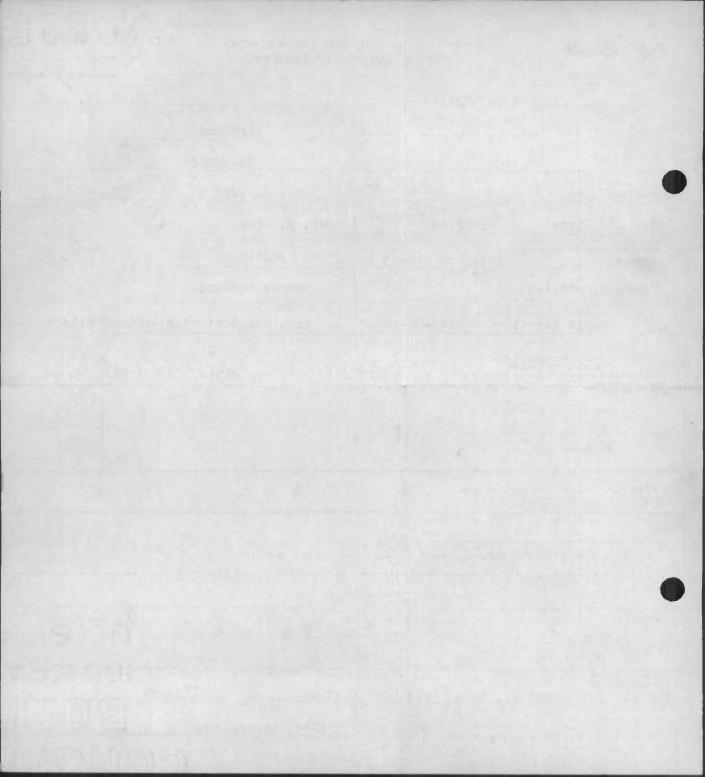
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No_ BIRTH NO 1. NAME OF DECEASED 2. DATE EPPES FOSTER (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY A. Baltimore City, Maryland before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX AGE (in years | I Under | Year | If Under 24 Hours | Last birthday | Months Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE WIDOWED, DIVORCED (Specify) MARRIED 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR HPLACE (State or foreign country) 12 CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Housewife 13. FATHER'S NAME AMES 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) .. RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH. BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY EDICA YES 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, etreet, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from 3. 1912 to 2' 19 that I last saw the and that death occurred at 10A m., from the causes and on the date stated above. deceased alive on 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED M. D. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24B, DATE 25. PUNERAL DIRECTOR DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE

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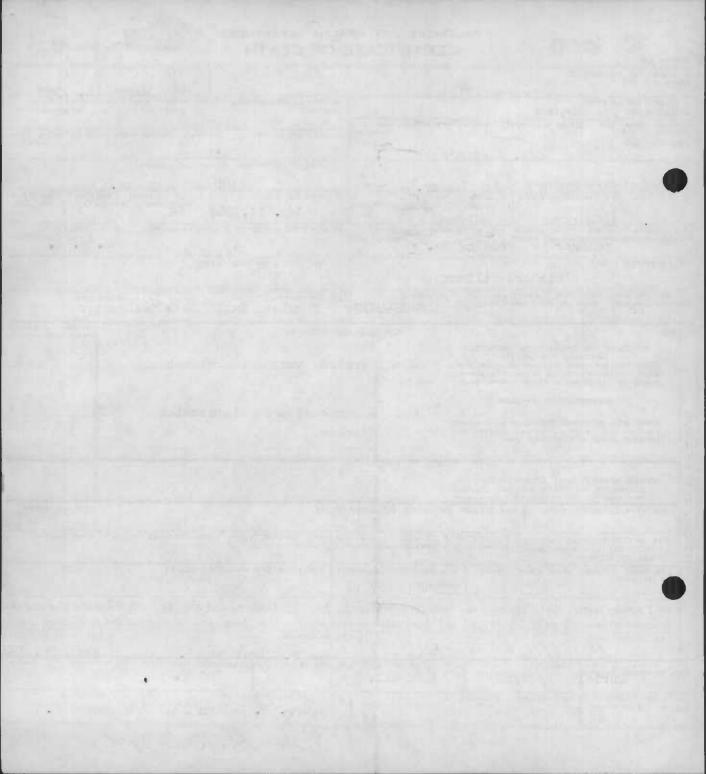
52	2669			FE OF DEATH	15141	ed No.
BIRTH NO.			OLIVINI ION	TE OF DETTI		
1. NAME OF I (Type or Print)		o J. O'	Brien		2. DATE OF DEATH M	arch 17, 1952
3. PLACE OF DA. Baltimore				A. STATE	NCE (Where deceased live B. COUNTY	d. If institution : residence
B. FULL NAME HOSPITAL OR INSTITUTION	OF (If not in hospit	al or instituti	on, give street address location	c. CITY OR TOWN	aryland (If outside corporate Baltimore	limits, write RURAL and give township
c. Length of	stay in Baltimore		Yrs Mos Day	D. STREET ADDRES	68 (If rural, give location 23rd St	1)
5. SEX Male	6.COLOR OR RACE	WIDOW	. MARRIED. ED, DIVORCED (Special ried	8. DATE OF BIRTH	last birthday)	Months: Days Hours Min.
rork done during most	CCUPATION (Give kind of tof working life, even if retired)		INDUSTR	RY	ate or foreign country)	12. CITIZEN OF WHAT COUNTRY
Labore 13. FATHER'S			and Bleach &			0. 3.
	n P. O'Brien	Die	Mills (M)	Maggie		
15. WAS DECEAS	SED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
Ves	World War	1	SECURITY NO. 220-09-2275	Mrs. Ma	rgaret O'Brien	1208 Wilcox St
(This doe heart fail injury of the control of the c	SE OR CONDITION LEADING TO DEA' so not mean the mode of complication which of the complication which complication which complication which complication will be complicated by the complication which complication will be complicated by the complication	TH If dying, e. g If dying, e. g Is the disease aused death SES F ANY, GIVIN STATING TH STATING TH TIONS CON	(B)		Leteral Sch	INTERVAL BETWEEN ONSET AND OEATH
TO THE I	G TO THE OEATH, BUT DISEASE OR CONDITION OF OPERATION 1	CAUSING I	Г	FRATION		1 20, AUTOPSY?
A	o, o. Eliittion	00.11110011				YES NO
LYING C	(Month) (Day) (Year)	about home, f	CE OF INJURY (e. g arm, factory, street, office bld 21E. INJURY OCCUR WHILE AT NOT WHI	RED 21F. HOW DID		ity, give exact location)
-		m.	WORK AT WOR		> 15	
deceased of	alive on 3-16	ended the	deceased from and that death occ	urred at 7 a.m., 238. ADDRESS	from the causes and c	1952, that I last saw the on the date stated above 23c. DATE SIGNED
24A. BURIAL.	CREMA- 248. DATE			TERY OR CREMATORY	240. LOCATION (City, t	town, or county) (State)
TION, REMOVAL	(Specify)	10 105	9 Del+imone	Netionel	A ABaltimore	
Burial DATE RECEIV LOCAL REGIS	ED BY REGISTRAR	19, 195 s signaturation		25. FUNERAL DIRE		ADDRESS
VS 150	116.	0	9	704C		

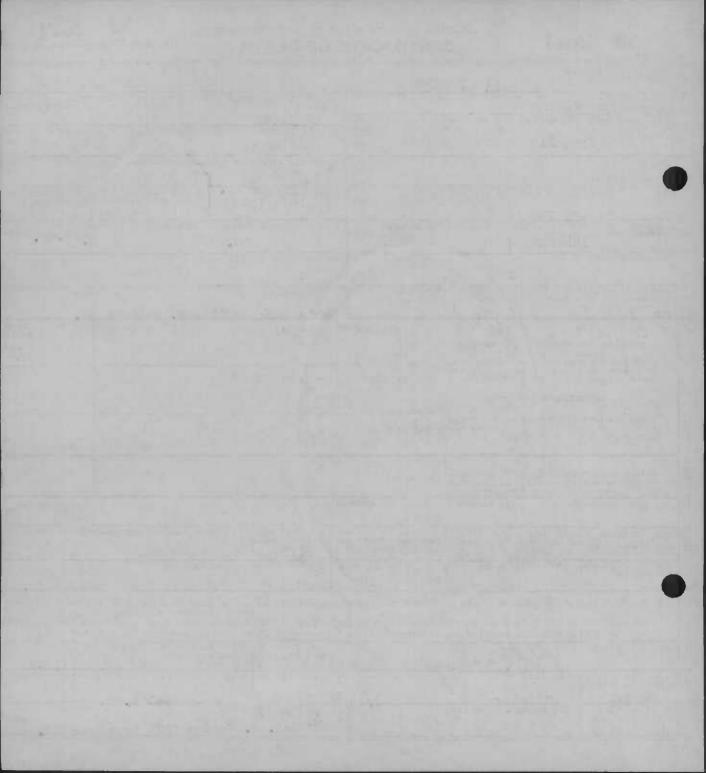


BALTIMORE CITY HEALTH DEPARTMENT 2670 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) 4. USUAL RESIDENCE (Where deceased lived, If institution: residence Freeman Tillman 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give MOUNTAIN township) St. Joseph's Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. hgth of stay in Baltimore Days 2300 Madison Ave. 7. SINGLE, MARRIED 9. AGE (In years | Woden | Year | If Under 24 Hours | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Jan. 11,1888 Colored Widowed 10A. USUAL OCCUPATION (in the control of working life, even if retired)

Bedding Co. 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF U. S. A. COUNTRY? INDUSTRY Virginia 13. FATI &'S NAME 14. MOTHER'S MAIDEN NAME Richard Tillman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of ser 256545510497 Virginia Small 2300 Madison Ave INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Cerebral vasxular accident (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (a) Hypertensive cardiovascular RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO disease OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? EDICAL 21B. PLACE OF INJURY (e.g., is or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY WHILE AT NOT WHILE WORK . 1952, to March 16 , 1952 that I last saw the 22. I hereby certify that I attended the deceased from March: 7 deceased alive on March 16, 1952, and that death occurred at _____m., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURES March 16. () . M. D. 11:00 N. Caroline St. AGC. NAME OF CEMETERY OR CREMATORY | 240. LOCATION (City, town, or county) 24A. BURIAL, CREMA- 248. DATE TION, REMOVAL (Specify) Mt Calvary 3/20/52 Balto . Md. 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR Geo. G. Kelson 1303 Presstman St.

97033 Des. S. Kelson





BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH No. 1. NAME OF DECEASED 2. DATE 2 les abetho + ant OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland 1200 Valley of B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location ! (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days 9. AGE (In years I Under I Year H Under 24 Hours last birthda) Months Days Hours Min. 7. SING E. MARRIED 6. COLOR OR RACE WIDOWED, DIVORGED (Specify) 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF rork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? are had 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME & ohn 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUF TO UNDERLYING CONDITION LAST. (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPS 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER

EDICA

deceased alive on Mch /5, 1952, and that death occurred at 4 P. m. from the causes and that I last saw the 23A. SIGNATURE 0.0. 1631 E-Narth ave 24A. BURIAL, CREMA-TION, REMOVAL (Specify)

21E. INJURY OCCURRED

NOT WHILE!

about home, farm, factory, street, office bldg., etc.)

WHILE AT

24C. NAME OF CEMETERY OR CREMATORY | 240. LOCATION (City, town, or county) Mar. 201952 Lucuse

INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

mch 17-19 22

25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS

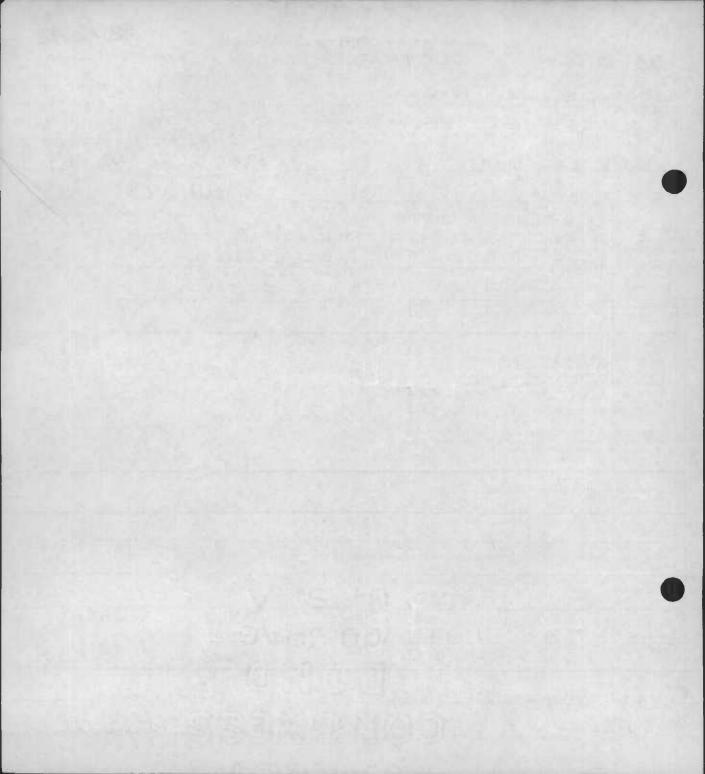
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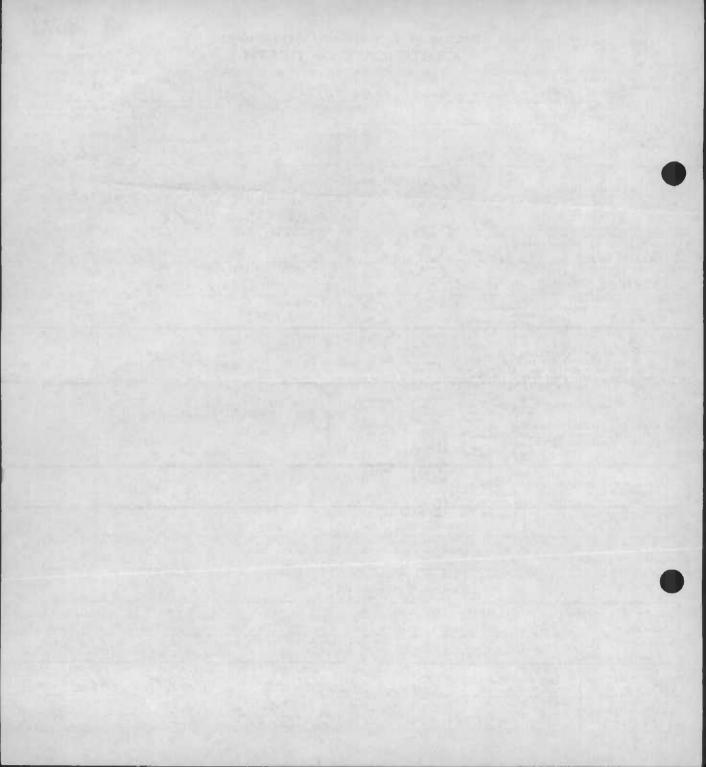
TIME (Month) (Day) (Year) (Hour)

CAUSE OF DEATH

NJURY



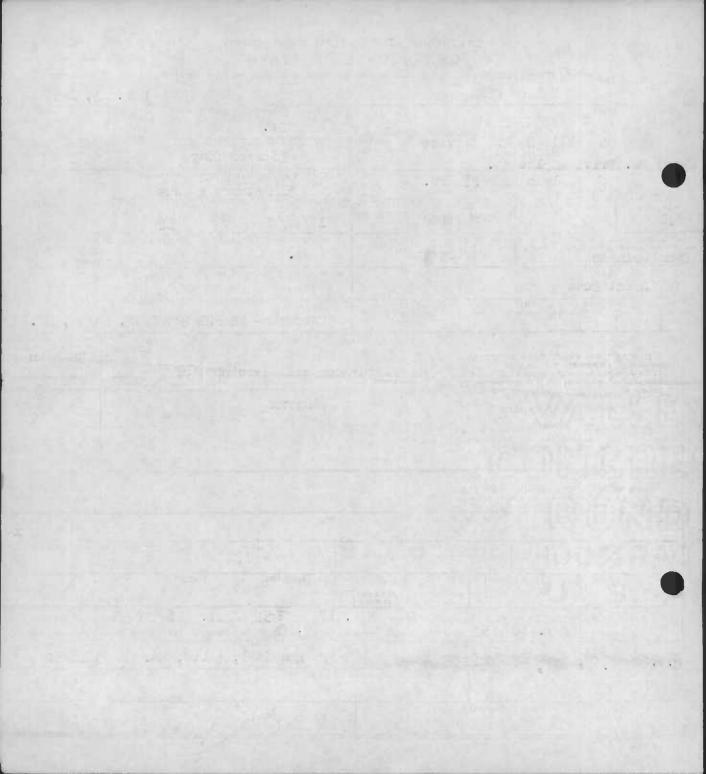
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52 2613 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Regist	52 2573 ered No
BIRTH NO.	
1. NAME OF DECEASED BARBAGALLO, HNGELINA MARIE OF DEATH	3/18/12
3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUN	
B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR JOWN (If outside corpora INSTITUTION)	te limits, write RURAL and give
THEREIS NOSPITAL DALTIMORES	27-0 6 township)
c. Length of stay in Baltimore Yrs. O. STREET ADDRESS (If rural, give located to the page of the page	A.
5. SEX 6. COLOR OR RACE X. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8/23/33 9. AGE (In year) 1 SINGLE S	ay) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of overling most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT SOUNTRY?
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT	
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 17. INFORMANT	DAME
18. 330 X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES (B) CONGENITAL FINEURISM (F	20.0
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) CONGENTIAL TIMESTORY (C)	K08)
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER. 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in or LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg., etc.) 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in or INJURY OCCUR?	City, give exact location)
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from 8/17/12 19, to 3/18/52	, 19, that I last saw the
234. SIGNATURE 238. ADDRESS	d on the date stated above.
24A. BURINL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY PAD. LOCATION (City TION, REMOVAL (Specity)	v, town, or (ounty) (State)
DATE RECEIVED BY I REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR	ADDRESS ADDRESS
MARTOTSIA Tuntanglory Villagia, Mich 12) 6 530.	5 1495 104



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egistered	No		1

52	2674	BAI	CEDILLICATI		Registered	No.
BIRTH NO.			CERTIFICATI	E OF DEATH	registered	110
1. NAME OF (Type or Print)		E BUZA			2. DATE OF DEATH MAX	. 18, 1952
	City, Maryland			4. USUAL RESIDEN	CE (Where deceased lived, B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR US Public Health Service location) INSTITUTION B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR US Public Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and		nits, write RURAL and give township)		
Wyren Pk.	Drive & 31st	St.	Y		on City	township?
	stay in Baltimore	than 48	hrs. Yrs. Mos. Days	e.	orra Avenue	
5. SEX	6. COLOR OR RACE	Ma	E, MARRIED, PED, DIVORCED (Specify)	12/22/89	9. AGE (in years last birthday) 62	f Under I Year If Under 24 Hours Months Days Hours Min.
10A. USUAL O work done during mos Own busi	CCUPATION (Give kind of st of working life, even if retired) NESS	10B. KINE	of Business or taurant	11. BIRTHPLACE (Sta	te or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S				14. MOTHER'S MAID	EN NAME	
	nt Buza		de la lace	?		
15. WAS DECEA (Yes, no or unknown	SED EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Records-	US PHS Hospital	, Balto, Md.
(This do heart fai injury o	ASE OR CONDITION LEADING TO DEAT es not mean the mode o lure, asthenia, etc. It mea r complication which c ANTECEDENT CAUS	TH f dying, e.g ns the diseas aused death	., (A)Squa	of DEATH mous cell car pharynx	cinoma of	INTERVAL BETWEEN ONSET AND DEATH Unknown
RISE TO	ES OR CONDITIONS, IF THE ABOVE CAUSE (A) LYING CONDITION LA	STATING TH	(B) G E DUE TO (C)			
W TRIBUTIN	SIGNIFICANT CONDI SG TO THE OEATH, BUT DISEASE OR CONDITION	NOT RELATE	0			
. 19A. DATE			FINDINGS OF OPER	ATION		20. AUTOFSY7
	DENT WAS UNDER DE CONTRIBUTING		CE OF INJURY (e. g., in arm, factory, street, office bldg., e		(If in Baltimore City,	give exact location)
TIME INJURY	(Month) (Day) (Year)		VHILE AT NOT WHILE WORK	21F. HOW DID IN	NJURY OCCUR?	
22. I here deceased o	by certify that I attalive on Mar. 18	ended the 1952,	deceased from Mar and that death occur	. 17 , 1952, tred at 12:40Am., fr	to Mar. 18, 19, rom the causes and on	52 that I last saw the the date stated above.
Clinton 24a. BURIAL, TION, REMOVAL	Powell Successful 248. DATE	rgeon	U	3B. ADDRESS S PHS Hospita: RY OR CREMATORY 2	1, Balto, Md.	3/18/52 n, or county) (State)
DATE RECEIV	3-12-	SEIGNATE	OL May	25. FUNERAL DIREC	TOP CONSIST C	DDRESS
LOCAL REGIS		ton	NH: DE	312605	0 21119	2500
WAR 1 8 1 Vs 150	952		Tungun, My	war de	so I recting	Edmen Del

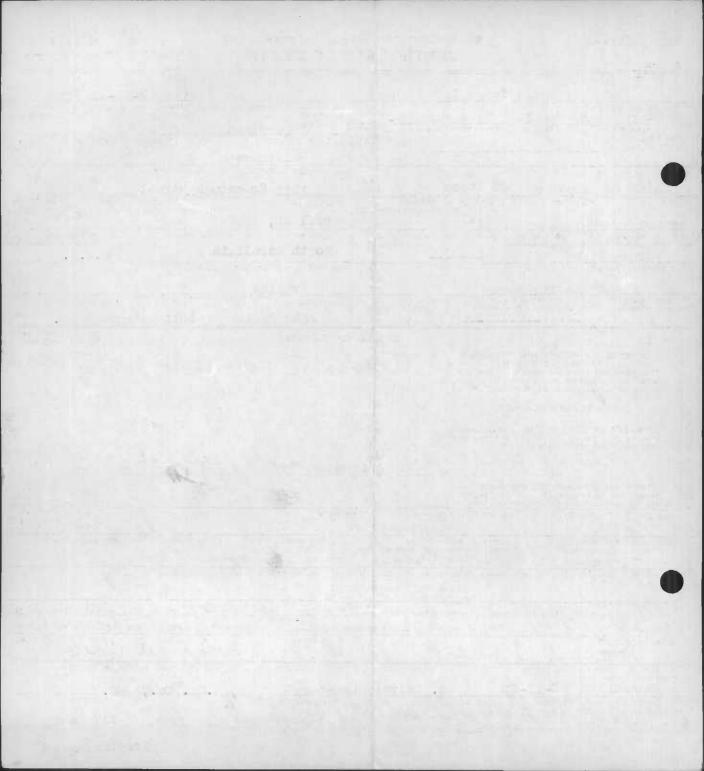


2 400 52 2675

BALTIMORE CITY HEALTH DEPARTMENT

52 2675
Registered No.

BIRTH NO.	E OF DEATH			
1. NAME OF DECEASED	2. DATE			
(Type on Print)	OF			
Lucindia Poole 3. PLACE OF DEATH:	DEATH 3-14-52 4. USUAL RESIDENCE (Where deceased lived, If institution: residence			
A. Baltimore City, Maryland 1011 McDonough St.	A. STATE B. COUNTY before admission)			
B. FULL NAME OF (If not in hospital or institution, give street address or	The state of the s			
HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
# - ~ = = = = = = = = = = = = = = = = = =	Baltimore			
Yrs.	D. STREET ADDRESS (If rural, give location)			
c. Length of stay in Baltimore 26 Years Mos.	1011 McDonough Street 7-64			
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	last birthday) Months Days Hours Min.			
Female Colored Widowed	April 12, 1867 84			
10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY:			
House Wife	North Carolinia U.S.A.			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
Wentin Wood	Eveline ?			
Martin Wood 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS			
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.				
No ?	John Poole 1011 McDonough St.			
18. 47 /. 0 CAUSE	OF DEATH ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY	A - For 1 - 7118 1/2			
(This does not mean the mode of dying, e.g., (A) Mutual Cegargation 3 W				
heart failure, asthenia, etc. It means the disease,				
injury or complication which caused death.) DUE TO				
ANTECEDENT CAUSES				
O DISEASES OR CONDITIONS, IF ANY, GIVING				
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)	1. 9 6. 01 1 7			
ii (c) //w	jourdial peglmoter 3 days			
OTHER SIGNIFICANT CONDITIONS CON-				
TRIBUTING TO THE DEATH, BUT NOT RELATED				
TO THE DISEASE OR CONDITION CAUSING IT	RATION 120. AUTOPSY?			
	YES NO			
21a. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., i.				
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) about home, farm, factory, street, office bldg., (specify)	etc.) INJURY OCCUR?			
5 - Prova	nom			
TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?				
m. WHILE AT NOT WHILE				
	1 - , 1952 to 3/14 , 1952 that I last saw the			
22. I hereby certify that I attended the deceased from 3/				
deceased alive on 3-14, 1952, and that death occurred at 5 Pm., from the causes and on the date stated above				
Daniel My eller M.D.	4510 Storfax Rd 3/17/52			
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)			
Burial 3-18-52 Mt. Calvary C	lemetery) A-/A-Co-1 Md			
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS			
LOCAL REGISTRAR Tuntington Vellacus 150	F. Cannon Clanders 217 Best			
JAR 10 BUL	Carpel Curacus all best			
VS 150				



BALTIMORE CITY HEALTH DEPARTMENT

52 2676

1. NAME OF DECEASED (Type or Print)	G. BORT			2. DATE OF	9/62
3. PLACE OF DEATH: A. Baltimore City, Maryland		LE	4. USUAL RESIDENCE	Where deceased lived. If in B. COUNTY	nstitution: residence before admission)
B. FULL NAME OF (If not in he HOSPITAL OR INSTITUTION	ospital or instituti	ion, give street address or location)	C. CITY OR TOWN (If outside corporate limits,	write RURAL and give
LUTHERAN HOSP.	or Mp.		BALTIMORE	1 3	township)
c. Length of stay in Baltimor	re	? Yrs. Mos. Days	D. STREET ADDRESS ()		#1
5. SEX 6. COLOR OR RA	ACE 7. SINGLE	, MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years) II U	Inder I Year If Under 24 Hours ths: Days Hours Min.
FW	MA	RRIED	FEB. 23, 1881	71	
10A. USUAL OCCUPATION (Give ki work done during most of working life, even if re	ind of 10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN !	NAME	0.077
?			3		
15. WAS DECEASED EVER IN U.S. Al (Yes, no or unknown) (If yes, give war or	RMED FORCES? r dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	AD	DRESS
		-	T. KAVANAVEH	3436 CHEST	
18.420.1		CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION		4400000	T.	A	6
(This does not mean the mo	ode of dying, e.g	(A) MYOCA	RDIAL INPARC	TION, HEATE	DAYS
injury or complication whi					
ANTECEDENT C	AUSES				
		(B) Co Re	NARY INSUPP	KIENCY	1 YEAR
DISEASES OR CONDITION	S, IF ANY, GIVIN	G	NARY INSUPP	KIEWCY	1 YEAR
	S, IF ANY, GIVIN	G	NARY INSUPE	KIENCY	1 YEAR
DISEASES OR CONDITION RISE TO THE ABOVE CAUSE UNDERLYING CONDITION	S, IF ANY, GIVIN	G E DUE TO	NARY INSUPP	ICIENCY	YEAR
DISEASES OR CONDITION RISE TO THE ABOVE CAUSE UNDERLYING CONDITION OTHER SIGNIFICANT CO	AS, IF ANY, GIVIN (A) STATING TH N LAST. ONDITIONS CON	G E DUE TO (C)	NARY INSUPP	ICIEWCY	1 YEAR
DISEASES OR CONDITION RISE TO THE ABOVE CAUSE UNDERLYING CONDITION	AS, IF ANY, GIVIN (A) STATING TH N LAST. DIVIDITIONS CON BUT NOT RELATE	G E DUE TO (C)	NARY INSUPP	ICIEWCY	1 YEAR
DISEASES OR CONDITION RISE TO THE ABOVE CAUSE UNDERLYING CONDITION OTHER SIGNIFICANT CO TRIBUTING TO THE DEATH, I TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION	AS, IF ANY, GIVIN (A) STATING TH N LAST. DIDNITIONS CON BUT NOT RELATE TION CAUSING IT	G E DUE TO (C)		ICIENCY	20. AUTOPSY?
DISEASES OR CONDITION RISE TO THE ABOVE CAUSE UNDERLYING CONDITION OTHER SIGNIFICANT CO TRIBUTING TO THE DEATH, I TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION	AS, IF ANY, GIVIN (A) STATING TH N LAST. CONDITIONS CON BUT NOT RELATE TION CAUSING IT	G E DUE TO (C) D FINDINGS OF OPER	ATION		20. AUTOPSY?
DISEASES OR CONDITION RISE TO THE ABOVE CAUSE UNDERLYING CONDITION OTHER SIGNIFICANT CO TRIBUTING TO THE DEATH, I TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION	NS. IF ANY, GIVIN (A) STATING TH N LAST. DIDITIONS CON BUT NOT RELATE TION CAUSING II 19B. MAJOR	G E DUE TO (C)	ATION or 21c. WHERE DID	(If in Baltimore City, gi	20. AUTOPSY?
DISEASES OR CONDITION RISE TO THE ABOVE CAUSE UNDERLYING CONDITION OTHER SIGNIFICANT CO TRIBUTING TO THE DEATH, I TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDE LYING OR CONTRIBUTING CAUSE OF DEATH AD. TIME (Month) (Day) (Y	ONDITIONS CONBUT NOT RELATE TION CAUSING IT 198. MAJOR	GE DUE TO (C) FINDINGS OF OPER CE OF INJURY (e.g., i., factory, street, office bldg., t., 21e. INJURY OCCURR	ATION a or 21c. WHERE DID 1NJURY OCCUR?	(If in Baltimore City, gi	20. AUTOPSY?
DISEASES OR CONDITION RISE TO THE ABOVE CAUSE UNDERLYING CONDITION OTHER SIGNIFICANT CO TRIBUTING TO THE DEATH, I TO THE DISEASE OR CONDITION 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDE LYING OR CONTRIBUTION CAUSE OF DEATH	ONDITIONS CONBUT NOT RELATE TION CAUSING IT 198. MAJOR R. 218. PLA about bome, for Cear (Hour)	GE DUE TO (C) FINDINGS OF OPER CE OF INJURY (e.g., i.	ATION a or 21c. WHERE DID INJURY OCCUR?	(If in Baltimore City, gi	20. AUTOPSY?
DISEASES OR CONDITION RISE TO THE ABOVE CAUSE UNDERLYING CONDITION OTHER SIGNIFICANT CO TRIBUTING TO THE DEATH, I TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDE LYING OR CONTRIBUTING CAUSE OF DEATH D. TIME (Month) (Day) (YINGURY)	ONDITIONS CONBUT NOT RELATE TION CAUSING IT 19B. MAJOR CR. 21B. PLA about bome, for the causing it is a specific boundary in the causing it is a	GE DUE TO (C) FINDINGS OF OPER CE OF INJURY (e. R., i arm, factory, street, office bldg., deceived by the control of the co	ATION a or 21c. WHERE DID INJURY OCCUR?	(If in Baltimore City, gi	20. AUTOPSY? YES NO Ve exact location)
DISEASES OR CONDITION RISE TO THE ABOVE CAUSE UNDERLYING CONDITION OTHER SIGNIFICANT CO TRIBUTING TO THE DEATH, I TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDE LYING OR CONTRIBUTING CAUSE OF DEATH TO TIME (Month) (Day) (Y	ONDITIONS CONBUT NOT RELATE TION CAUSING IT 19B. MAJOR R. 21B. PLA about home, for the causing it is a should be cared attended the	GE DUE TO (C) FINDINGS OF OPER CE OF INJURY (e. R., i arm, factory, street, office bldg., deceived by the control of the co	a or 21c. WHERE DID INJURY OCCUR?	(If in Baltimore City, gi	20. AUTOPSY? YES NO VE exact location)
DISEASES OR CONDITION RISE TO THE ABOVE CAUSE UNDERLYING CONDITION OTHER SIGNIFICANT CO TRIBUTING TO THE DEATH, I TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDE LYING OR CONTRIBUTING CAUSE OF DEATH AD. TIME (Month) (Day) (YINJURY) 22. I hereby certify that I	ONDITIONS CONBUT NOT RELATE TION CAUSING IT 19B. MAJOR R. 21B. PLA about home, for the causing it is a should be cared attended the	CE OF INJURY (e. R., is arm, factory, street, office bldg., et work work at work deceased from and that death occur	a or 21c. WHERE DID INJURY OCCUR?	(If in Baltimore City, giver OCCUR?	20. AUTOPSY? YES NO VE exact location)
DISEASES OR CONDITION RISE TO THE ABOVE CAUSE UNDERLYING CONDITION OTHER SIGNIFICANT CO TRIBUTING TO THE DEATH, I TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDE LYING OR CONTRIBUTING CAUSE OF DEATH D. TIME (Month) (Day) (Y INJURY) 22. I hereby certify that I deceased alive on	ONDITIONS CONBUT NOT RELATE TION CAUSING IT 19B. MAJOR R. 21B. PLA about bome, for the causing it is a should be carried attended the cattern of the causing it is a should be carried attended the cattern of the catt	CE OF INJURY (e. g., i. arm, factory, street, office bldg., cells. INJURY OCCURR NOT WHILE AT WORK deceased from and that death occur	ATION a or 21c. WHERE DID INJURY OCCUR? ED 21f. HOW DID INJUR 19 2, to red at m., from	(If in Baltimore City, giver OCCUR?	that I last saw the date stated above.
DISEASES OR CONDITION RISE TO THE ABOVE CAUSE UNDERLYING CONDITION OTHER SIGNIFICANT CO TRIBUTING TO THE DEATH, I TO THE DISEASE OR CONDITION 21A. ACCIDENT WAS UNDE LYING OR CONTRIBUTING CAUSE OF DEATH D. TIME (Month) (Day) (Y INJURY) 22. I hereby certify that I deceased alive on 23A. SIGNATURE 24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial 24B. DAT	ONDITIONS CONBUT NOT RELATE TION CAUSING IT 19B. MAJOR (Rear) (Hour) attended the 19 62 (19 62)	CE OF INJURY (e.g., instance) CE OF INJURY (e.g., instance) CE INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK deceased from 2 and that death occur M. D.	ATION a or 21c. WHERE DID INJURY OCCUR? ED 21f. HOW DID INJUR 19 2, to red at m., from	(If in Baltimore City, given of the causes and on the	that I last saw the date stated above.
DISEASES OR CONDITION RISE TO THE ABOVE CAUSE UNDERLYING CONDITION OTHER SIGNIFICANT CO TRIBUTING TO THE DEATH, I TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDE LYING OR CONTRIBUTING CAUSE OF DEATH D. TIME (Month) (Day) (Y INJURY) 22. I hereby certify that I deceased alive on 23A. SIGNATURE 24A. BURIAL, CREMA- TION, REMOVAL (Specify) DATE RECEIVED BY REGISTE	ONDITIONS CONBUT NOT RELATE TION CAUSING II 198. MAJOR R. 218. PLA about home, for the care (Hour) Tattended the care of the	CE OF INJURY (e.g., instance) CE OF INJURY (e.g., instance) CE INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK deceased from 2 and that death occur M. D.	ATION a or 21c. WHERE DID INJURY OCCUR? ED 21f. HOW DID INJUR 19 2, to red at m., from	(If in Baltimore City, given of the causes and on the	that I last saw the date stated above.
DISEASES OR CONDITION RISE TO THE ABOVE CAUSE UNDERLYING CONDITION OTHER SIGNIFICANT CO TRIBUTING TO THE DEATH, I TO THE DISEASE OR CONDITION 21A. ACCIDENT WAS UNDE LYING OR CONTRIBUTING CAUSE OF DEATH D. TIME (Month) (Day) (Y INJURY) 22. I hereby certify that I deceased alive on 23A. SIGNATURE 24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial 24B. DAT	ONDITIONS CONBUT NOT RELATE TION CAUSING II 198. MAJOR R. 218. PLA about home, for the care (Hour) Tattended the care of the	FINDINGS OF OPER CE OF INJURY (e. r., i arm, factory, street, office bldg., cell of the	ATION a or 21c. WHERE DID INJURY OCCUR? ED 21f. HOW DID INJUR 19 2, to red at m., from	(If in Baltimore City, given of the causes and on the	that I last saw the date stated above. 23c. DATE SIGNED 27c county) (State)

Bows still LEGICAL MARKET NACOLA med Taw Tempo at its LEVA FAMAGE SERE BURNING TO MYS ARRIAG LIVERS HOLD AND A STORY BATT THE STREET STREET

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 2. DATE 1. NAME OF DECEASED (Type or Print) DEATH 3-15-52 4. USHAL RESIDENCE (Where deceased lived. If institution : residence 3. PLACE OF DEATH before admission) A. Baltimore City, Maryland B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore Days 7. SINGLE, MARRIED 9. AGE (In years If Under 24 Hours SEX 6. COLOR DR RACE WIDOWED, DIVORCED (Specify) last hirthday) Months Days Hours Min. 108, KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of) 12. CITIZEN OF WHAT COUNTRY INDUSTR work done during most of working life, even if retired) Steel West as Work FATHER'S NAME. 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. (Yes, no or unknown) INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Silateral Lobor Encumonia LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)

RTIFICATION OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. ш 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION (If in Baltimore City, give exact location) 21c. WHERE DID 21B. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB. INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) UTING CAUSE OF DEATH. 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? ID. TIME (Month) (Day) (Year) (Hour) INJURY NOT WHILE WHILE AT WORK thereon and from 22. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident \(\subseteq \), suicide \(\subseteq \), homicide \(\subseteq \), undetermined \(\subseteq \). 23B. CHIEF MEDICAL EXAMINER..... 23A. SIQNATURE ASSISTANT MEDICAL EXAMINER.... MEDICAL INVESTIGATOR 24c. NAME OF CEMETERY OR CREMATORY 240 (LOCATION (City, town, or county) 24A, BURIAL, CREMA-TION REMOVAL (Specify) 24B. DATE ADDRESS UNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL_REGISTRAR

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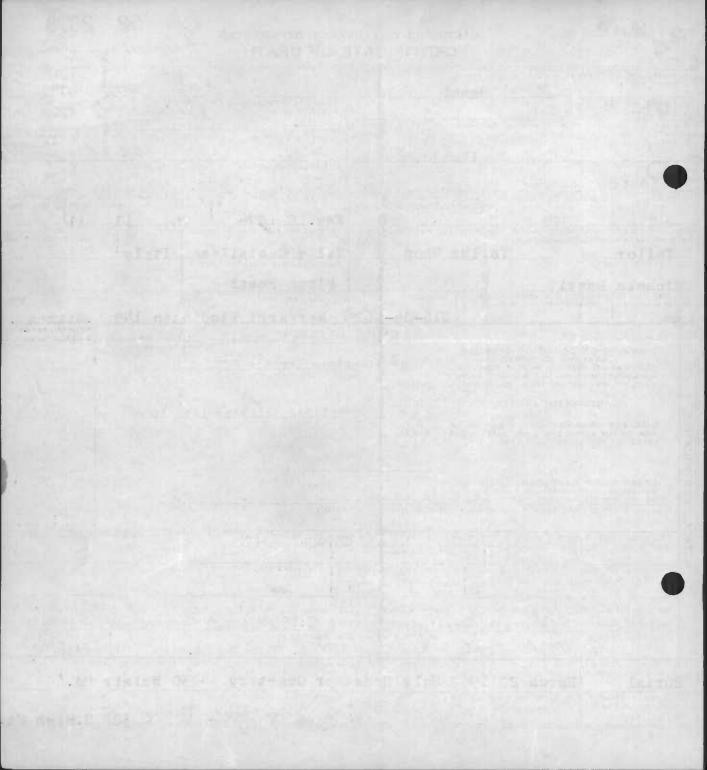
ACCOUNT OF THE PARTY OF N. Charles of the Control of the Con Eminist Elimin

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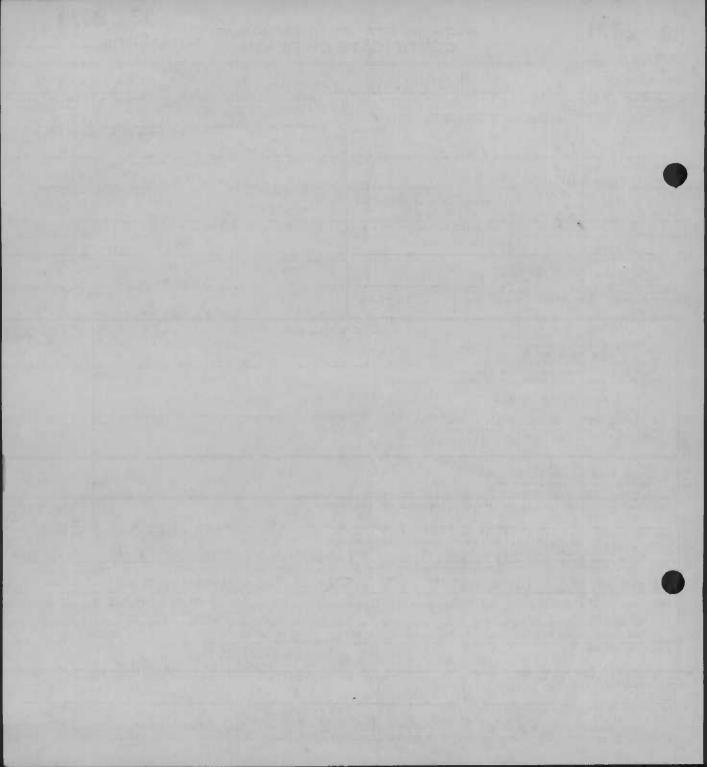
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 2678

BIRTH NO. CERTIFICATE	E OF DEATH Registered No.		
1. NAME OF DECEASED	2. DATE		
(Type or Print) Saverio Renzi	OF 10 mak 26 3050		
3. PLACE OF DEATH:	DEATH MATCH 10, 1951 4. USUAL RESIDENCE (Where deceased lived, If institution: residence		
A. Baltimore City, Maryland	A. STATE B. COUNTY before admission)		
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	Md.		
HOSPITAL OR INSTITUTION St. Joseph's Hospital location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
100 N. Caroline St	Palto.		
Yrs.	D. STREET ADDRESS (If rural, give location)		
ength of stay in Baltimore 44 yrs. Mos.	149 N. Milton St. #24		
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years It Under Year It Under 24 Hours		
WIDOWED, DIVORCED (Specify)	Jast birthday) Months Days Hours Min.		
Male White Wid.	Feb. 5 1876 76 1 111		
10A. USUAL OCCUPATION (Give kind of the first of the firs	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?		
Tailor Tailor Shop	Valle Castellana Italy USA		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
Wichele Denei	Flore Perst		
Michele Renzi 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Flora Renzi		
(Yes, no or unknown) (If yes, give wer or detes of service) SECURITY NO.	17. INFORMANT ADDRESS VC		
216-05-0625	Margaret Picciotto 149 N.Milton A.		
18. 422.1 CAUSE C	OF DEATH INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DIRECTLY	ONSE! AND DEATH		
	cio-sclerotic cyp		
heart failure, asthenia, etc. It means the disease,	Althoritation and the second and the		
injury or complication which caused death.) DUE TO			
ANTECEDENT CAUSES			
No			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO			
UNDERLYING CONDITION LAST.			
<u>U</u>			
(C) .			
Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. L OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DELEASE OR CONDITION COUSING IT.			
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
194. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERA	ATION 20. AUTOPSY?		
A A	YES NO		
Z1A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 218. PLACE OF INJURY (e. g., in about bome, farm, factory, atreet, office bldg., et	or 21C. WHERE DID (If in Baltimore City, give exact location)		
A HOMICIDE (Specify) about bome, farm, factory, street, office bldg., et	(c.) INJURY OCCUR?		
21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRE	ED 21F, HOW DID INJURY OCCUR?		
INJURY WHILE AT NOT WHILE	- Livinon bib intokt occokt		
m. WORK AT WORK			
22. I hereby certify that I attended the deceased from 3/	16 , 1952, to , 19 , that I last saw the		
	red at 7:15 PM., from the causes and on the date stated above.		
	38. ADDRESS 23c. DATE SIGNED		
	1'00 N. Caroline St. 3/16/52		
	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)		
TION REMOVAL (Specify)	ALL DESCRIPTION OF THE PROPERTY OF THE PROPERT		
	mer Cemetery 4430 Belair Rd.		
LOCAL REGISTRAR	15 UNERAL DIRECTOR ADDRESS		
AD 1 9 1050	The on 10 the all her 700 and		
	Should lettle work 322 8. High St		



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 4. DSVAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION ans down E Yrs. (If rural, give location) Mos. ngth of stay in Baltimore onumen Ta Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) If Under 1 Year If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. Jing C? 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 10ug 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO CAUSE OF DEATH ONSET AND OEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO A 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING M OR CONTRIB-UTING CAUSE OF DEATH. 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 2300 block Monumental Avenue. Street 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY 1952 12:00 naori work NOT WHILE Pedestrian struck by truck March 15. Ms wanty & Inquiryhereon and from 22. I certify that I took charge of the remains described above, held an _ Autopy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \(\begin{align*}
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\begi 23A. SIGNATURE 23B, CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION REMOVAL (Specify nd. Durial DATE RECEIVED BY 25. FUNERAL DIRECTOR LOCAL REGISTRAR



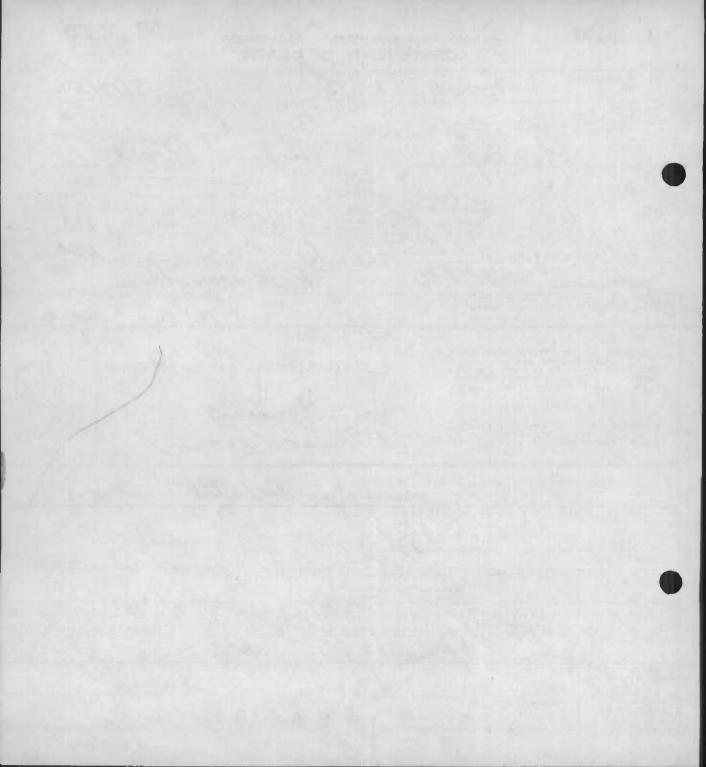
52 2680

VS 150

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 2680 Registered No.

BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Marie A Schi DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admissio) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside or orate limits, write RURAL and give INSTITUTION D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days 9. AGE (In years | I Under 1 Year | I Under 24 Hours | Months Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH maratral 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR work done during meet of working life, even if retired. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY usecost 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes no r unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMAN ADDRESS SECURITY NO. sine INTERVAL BETWEEN 420.1 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. Injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CE 19A. DATE OF OPERATION / 19B. MAJOR FINDINGS OF OPERATION DICA 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in or about home, farm, factor, et., etc.) 218. PLACE 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21E. INJURY OCCURRED D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK WORK 22. I hereby certify that I retended the deceased from _, that I last saw the m., from the earlies and on the date stated above. 2 D. 19.5 and that death goourred at L deecased alive on_ 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED 24A. BURIAL, CHAMA-24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or gounty) DON REMOVAL (Specifs 3/20/5 Duriuk DATE RESERVED BY REGISTRAR'S, SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR

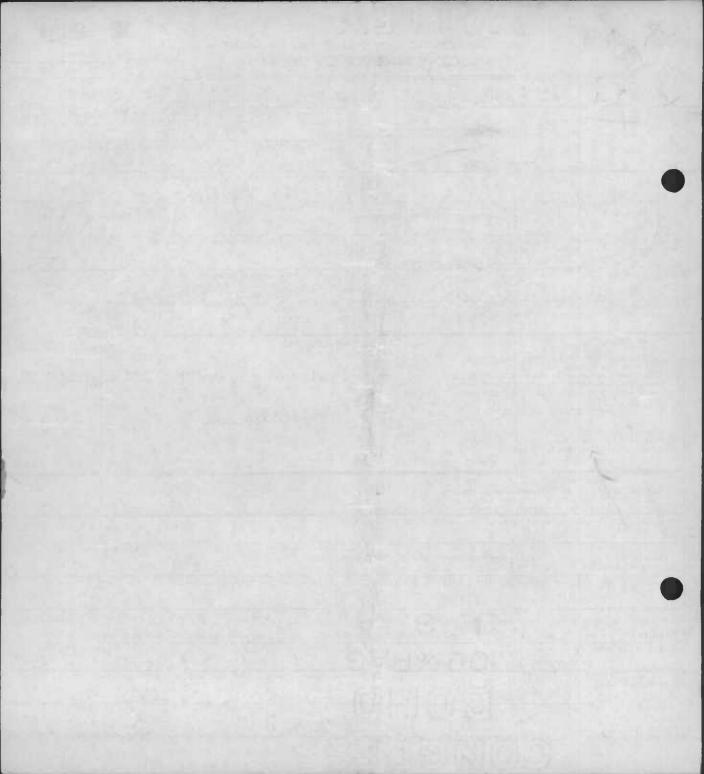


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52	2681
	J. M. C. C.

Registered No_

1. (T	NAME OF DECEAS	FA E	denic	KV	740	E belen	OF 3/16	15 -5 PM
3. A.	PLACE OF DEATH: Baltimore City, I					4. USUAL RESIDENCE	E (Where deceased lived, B. COUNTY	If institution: residence before admission)
	FULL NAME OF OSPITAL OR	(If not in hospi	tal or institut	ion, give street add	ress or		nd.	
	ISTITUTION	, a		13	cation)	C. CITY OR TOWN	(If outside corporate li	mits, write RURAL and give
	1/2	6 709-	such	un			Salto	- wilstip
C.	Length of stay in	Raltimore			Yrs. Mos.	D. STREET ADDRESS	(If rural, give location)	Un
-		LOR OR RACE	7. SINGL	E. MARRIED.	Days	8. DATE OF BIRTH	9. AGE (in years)	If Under 1 Year If Under 24 Bours
	Mala 4	Vhitz	WIDOW	ED, DIVORCED	(S peci fy)	3/5/1840	last birthday)	Months Days Hours Min.
1C worl	A. USUAL OCCUPAT	ION (Give kind of	10B, KINI	OF BUSINESS	OR JSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Juano	1	Socia-	Vicuri	ter	M	d.	William Goodfillary
13	FATHER'S NAME					14. MOTHER'S MAIDE	N NAME	
	PETE		HiEL	len		Mary	Rising	
15 (Ye	. WAS DECEASED EVER	R IN U.S. ARME	D FORCES?	16. SOCIAL	NIC	17. INFORMANT	7	ADDRESS
(20	(1)	oo, give was or dust	01 001 4100)	SECURITY	NO.	920 V. 24126	len 1831 n	. Chester J.
	18. 420.1			CAL	JSE C	OF DEATH	3 3 3 3 3 3	INTERVAL BETWEEN
	DISEASE OR	CONDITION	DIRECTLY					ONSET AND DEATH
	(This does not m	ING TO DEA	TH	(A)		(M.M.as	Hyombori	1 Sudden
	heart failure, asth injury or compli	enia, etc. It mes	ins the diseas	e.	*********	To we will be	Thrombori ion	
		CEDENT CAUS		, 552 15		1./		
7	ANTE	LEDENT CAUS	525	(B)		14 y MATEUR	en	3 years.
TION	DISEASES OR C	ONDITIONS, I	F ANY, GIVIN	IG	************	······································		
CAT	UNDERLYING C	ONDITION LA	ST.					
CI				(C)	*******			***************************************
H		11						THE RESERVE OF THE PROPERTY OF
ERT	OTHER SIGNIFI	E DEATH, BUT	NOT RELATE	D				
Ü	TO THE DISEASE	OR CONDITION	CAUSING 1	т				
YY:	19A. DATE OF OPE	RATION 1	9B. MAJOR	FINDINGS OF	OPER,	ATION		YES NO W
EDICA	21A. ACCIDENT W		21B. PLA	CE OF INJURY	(e. g., in	or 21c. WHERE DID	(If in Baltimore City	y, give exact location)
ME	CAUSE OF DEATH	TKIBOTING _	usout Bosse,		LO DIGRA, O	- INSURT OCCURT		
	TIME (Month)	(Day) (Year)	(Hour)	21E. INJURY OC	CURRE	D 21F. HOW DID IN.	JURY OCCUR?	
			m.	WHILE AT NOT	WHILE			
	22. I hereby eert	ify that I ati	ended the			3/10 19Va to	3/16 19	Tr, that I last saw the
	deceased alive on		n /-	and that death			,	the date stated above.
	23A. SIGNATURE	0 1	0 1	/	_	BB. ADDRESS	01	23C. DATE SIGNED
		for by x	1.121	hun M.	D.	1115/	1. alust of	V 3/17/V2
	A. BURIAL CREME	248. DATE		24c. NAME OF CE	METER	RY OR CREMATORY 24	D. LOCATION (City, tov	wn, or county) (State)
	Burial	2/20	152	21.5.	. Me	rtional	Balte	ind.
	TE RECEIVED BY	REGISTRAR	SSIGNATL	RE		25. FUNERAL DIRECT	OR	ADDRESS
1	AD 1 0 1000		19. 1	112 0		112 Bak J.	10 1217 ST	- Poul st
-	VS 150		1	The same of the sa				
			w P	763	9	/		
					- 6			



last birthday) Months: Days Hours: Min. WHAT COUNTRY? 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknowo) (If yes, give war or dates of service) SECURITY NO. Mahel N. Kusrraul, 3324 Elrora Avenue INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY aoute Coornery Thrombrain LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-

TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION

more

21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER-INJURY OCCUR?

about home, farm, factory, street, office bldg., etc.)

LYING OR CONTRIBUTING TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

WHILE AT NOT WHILE! 22. I hereby certify that I attended the deceased from_

deceased alive on 15 man, 19 man, and that death occurred at 8 2 Pm., from the causes and on the date stated above. 23A. SIGNATURE

24B. DATE

REGISTRAR'S SIGNATURE .

24c. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

25. FUNERAL DIRECTOR

23B. ADDRESS

21F. HOW DID INJURY OCCUR?

23c. DATE SIGNED 3-180

ADDRESS

(If in Baltimore City, give exact location)

1900 to 16 man, 19 7 that I last saw the

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

3/20/52

24D. LOCATION (City, town, or eounty)

Perkville,

Maryland

20. AUTOPSY

burial DATE RECEIVED BY LOCAL REGISTRAR

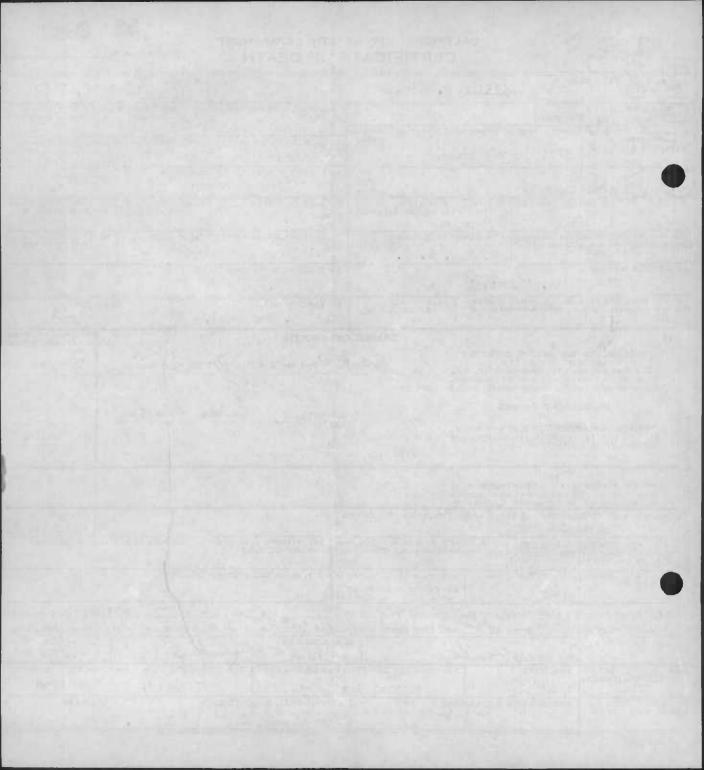
CAUSE OF DEATH

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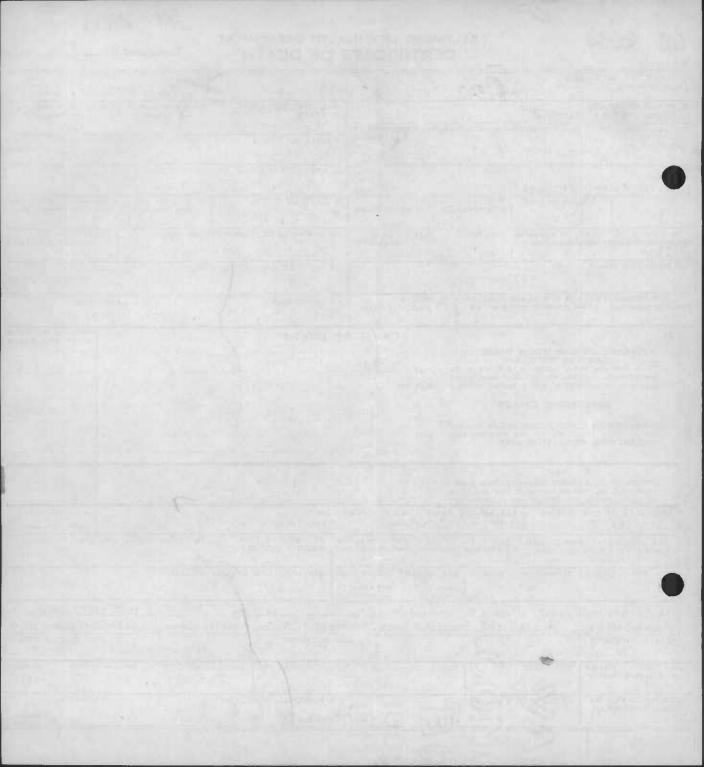
1217 St. Paul Street



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 2683

BIRTH NO.	E OF DEATH Registered No.				
1. NAME OF DECEASED (Type or Print) George F. Erlbeck (Earlb	peck) 2. DATE of March 16, 1952				
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address o location Institution) Doctors Hospital	4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission) Wryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Raltimore				
C. Length of stay in Baltimore Yrs. Mos. Days	p. STREET ADDRESS (If rural, give location) 1763 E. North Avenue				
5. SEX 6 COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify married					
108. KIND OF BUSINESS OR INDUSTRY Tailor 13. FATHER'S NAME Erlbeck 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	Bultimore, Maryland 14. MOTHER'S MAIDEN NAME ?				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yos, give wer or dates of service) SECURITY NO.	Elsie Herr, 1763 E. North Avenue				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	of DEATH Sured Sigmoid Of Sigmoid Unknown				
19a. Date of Operation 198. Major findings of Operation 3/14/52 Ruptured Carcinoma of	Sigmoid YES NO D				
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, form, factory, etreet, office bldg., etc.) LYING OR CONTRIBUTING about bome, form, factory, etreet, office bldg., etc.) LYING OR CONTRIBUTING about bome, form, factory, etreet, office bldg., etc.) LYING OR CONTRIBUTING about bome, form, factory, etreet, office bldg., etc.) LYING OR CONTRIBUTING about bome, form, factory, etreet, office bldg., etc.) LYING OR CONTRIBUTING about bome, form, factory, etreet, office bldg., etc.) LYING OR CONTRIBUTING about bome, form, factory, etreet, office bldg., etc.) LYING OR CONTRIBUTING about bome, form, factory, etreet, office bldg., etc.) LYING OR CONTRIBUTING about bome, form, factory, etreet, office bldg., etc.) LYING OR CONTRIBUTING about bome, form, factory, etreet, office bldg., etc.) LYING OR CONTRIBUTING about bome, form, factory, etreet, office bldg., etc.) LYING OR CONTRIBUTING about bome, form, factory, etreet, office bldg., etc.) LYING OR CONTRIBUTING about bome, form, factory, etreet, office bldg., etc.) LYING OR CONTRIBUTING about bome, form, factory, etreet, office bldg., etc.) LYING OR CONTRIBUTING about bome, form, factory, etreet, office bldg., etc.) LYING OR CONTRIBUTING about bome, form, factory, etreet, office bldg., etc.) LYING OR CONTRIBUTING about bome, form, factory, etreet, office bldg., etc.) LYING OR CONTRIBUTION about bome, form, factory, etreet, office bldg., etc.) LYING OR CONTRIBUTION about bome, form, factory, etc.) LYING OR CONTRIBUTION about bome, factory, etc.) LYING OR CONTRIBU					
24A. BURIAL, CREMA- TION, REMOVAL (Specify) burial 3/19/52 Moreland Par DATE RECEIVED BY REGISTRAR'S SIGNATURE	ery or CREMATORY 24D. LOCATION (City, town, or county) (State) R Cemetery Parkville, Mryland 1 25. FUNERAL DIRECTOR ADDRESS				
VS 150	Wm. Golf. In &. 1217 St. Paul Street				

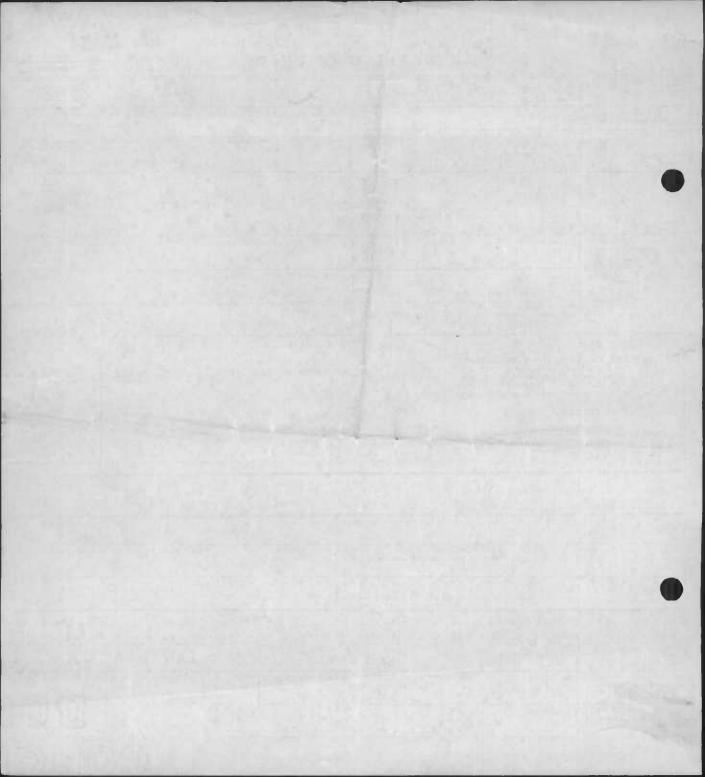


W 340 52 2684

BALTIMORE CITY HEALTH DEPARTMENT

52 2684 Registered No.

BIRTH NO.	E OF DEATH
(Type or Print) Chas. H. Whittle	2. DATE 3/15/10 10 40 DEATH 15/10 10 3
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, if institution: residence A. STATE B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION 432 S. Chanel Gate Lane	C. CITY OR TOWN (If outside corporate limits, write RURAL and giv.
Yrs.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Mos. Days	432 haper gate Lave
Mula White Marries (Spenty)	8. DATE OF BIRTH 9. AGE (In years of Under I year last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
Clark W.M.R.R.	md
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
oshua 1. Whithe	Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? You, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Varyes & Whittle 1st was Aphelon
18. 002 X . CAUSE	OF DEATH JINTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	many concernitions confees
injury or complication which caused death.) DUE TO	
ANTEGEDENT CAUSES Z	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON.	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	
1 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOFSY?
21a. ACCIDENT WAS UNDER 218. PLACE OF INJURY (6.6)	YES NO
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	n or 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F, HOW DID INJURY OCCUR?
na. WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from	1952 to march 15, 19 5, that I last saw the
deceased alive on March 14, 1956, and that death occur	red at 10. 400 m., from the causes and on the date stated above
Stelen 7. Tel turan M.D. 6	38. ADDRESS Beddle DX 31,7/12
24A. BURIAL, GREMA: 24B. DATE 24C. NAME OF CEMETE	RY OR GREMATORY 24D. LOCATION (City, town, or county) (State)
Burial 3/19/52 Usba	ry M. E. Balto Co. Held.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR ADDRESS
21819. 1 Lostic to Milliams is a	1-00 Juca 1217 St. Paul V.

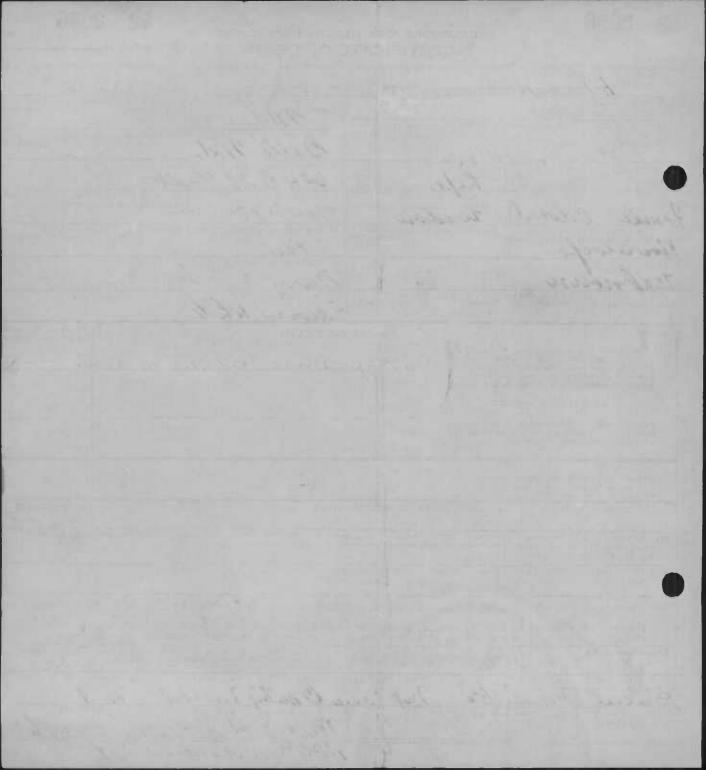


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

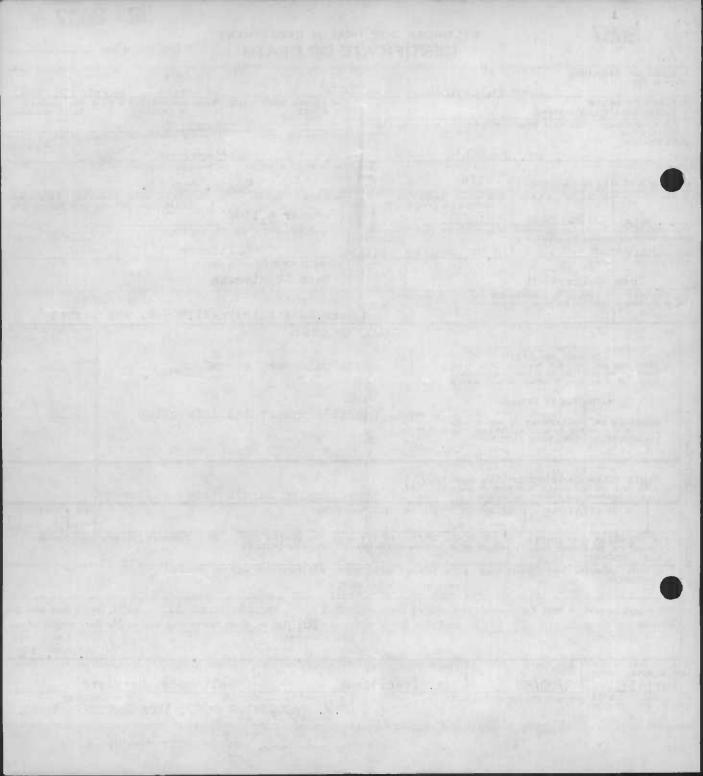
52 2686

Registered No. BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) COUCOODDE CENCODE O DE CONTROL DE DEATH BESSIE DATLEY THOMAS 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH A. STATE A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore Davs SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE BIRTH 9. AGE (In years) If Under I Year If Under 24 Hours last birthday) Months Days Hours Min. dono 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Lowering 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 1240032 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL INFORMANT ADDRESS SECURITY NO INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Hersive Cardiouscular Discese LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 19A. DATE OF OPERATION YES 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office hldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB. UTING [] CAUSE OF DEATH. 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) INJURY WHILE AT NOT WHILE AT WORK 22. I certify that I took charge of the remains described above, held an MSparton thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from; natural causes &, accident \(\subseteq \), suicide \(\subseteq \), homicide \(\subseteq \), undetermined \(\subseteq \). 23B, CHIEF MEDICAL EXAMINER. ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA- 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR



K-425-	52 2687
52 2687 BALTIMORE CITY	HEALTH DEPARTMENT
BIRTH NO. CERTIFICA	TE OF DEATH Registered No
1. NAME OF DECEASED (Type or Print)	2. DATE OF
Mary Kulczynska (MA 3. PLACE OF DEATH: A. Baltimore City, Maryland	DEATH March 17, 1952 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address HOSPITAL OR location)	Maryland
St. Joseph's	Baltimore township)
congth of stay in Baltimore Life Mo	1. Jan S. J. G.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specific Specific Spe	B. DATE OF BIRTH 9. AGE (in years If Under Year If Under 24 Hours
10A. USUAL OCCUPATION (Give kind of work dome during most of working life, even if retired) 10B. KIND OF BUSINESS OR WORKING life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY:
Charwoman N. W. Police Stat	on Baltimore USA
John Kulczynski	Rose Skonieczna
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO	Mrs.Rose Kulczynski,509 S. Ann Street
DISEASE OR CONDITION DIRECTLY	e Of Death onset and Death ute pulmonary edema

			WIDOW	ED, DIVORCED (Specify)			irthday) Mont	hs Days Hours Min.
	Famala	White	Sing	e	November 5,1	898	15	
10/ work		CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY			itry) 1	2. CITIZEN OF WHAT COUNTRY
	Charwon		N.W.	Police Static	n	Baltimore		USA
13.	FATHER'S N	IAME			14. MOTHER'S MA	DEN NAME		
		Kulczynski			Rose Skoni	eczna		
15.	WAS DECEASE	D EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADD	DRESS
`				02001111110	Mrs.Rose Kul	czynski,509	9 S. Ann	Street
ERTIFICATION	(This does heart failu injury or DISEASES RISE TO TUNDERLY	GE OR CONDITION LEADING TO DEAT not mean the mode o re, asthenia, etc. It mea complication which c ANTECEDENT CAUS GOR CONDITIONS, IF HE ABOVE CAUSE (A) ING CONDITION LA	f H f dying, e. g ns the disease aused death EES ANY, GIVIN STATING THE STATI	(B)	of DEATH te pulmonary	ial infarc	tion	INTERVAL BETWEEN ONSET AND DEATH
U,		F OPERATION 1		FINDINGS OF OPER	ertensive car	diovascula	r diseas	20. AUTOPSY?
¥								YES NO X
MEDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., l'arm, factory, street, office bldg.,			more City, giv	ve exact location)
2	21d. TIME (Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	ED 21F, HOW DID	INJURY OCCUR	?	
	22. I hereb	y certify that I att	ended the	deceased from Mar	ch 17 , 19.5%	to March 17	1952,	that I last saw th
				and that death occur				
1	23A. SIGNAT		-		238. ADDRESS			23c. DATE SIGNED
		1/1/10	2/2	M D.	ILOO N Caro	32 04	1	Mr. 17. 152
24	A. BURIAL, C	REMAT 248. DATE	1 11:	24C-NAME OF CEMETE	RY OR CREMATORY	24D. LOCATION	(City, town, o)	
	n, removal (S Burial	3/20/52		St. Stanisla	us	Baltimor	e, Maryl	and
	TE RECEIVE		S SIGNATL	IRE	25. FUNERAL DIRI			ADDRESS
AA	CAL REGIST	RAR	J- 8/1	fore of	M.F. SADOWSK	L& SONS,	1808 EAS	TERN AVENUE
	VS 150	Topica, A 4 7 a 1/2	18.11	Augh of sale por pro-	1/1/2	X	1	7 .1
			-	753 93	to tale	N. S.	and	w



52 2688 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE BRAUNSTEIN MAURICE (Type or Print) DEATH MAY: 18 18 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or location' (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION JOHNS HOPKINS HOSPITAL D. STREET ADDRESS (If rural, give location) ength of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 9. AGE (In years If Under I Year It Under 24 Hours last birthday) Months: Days Hours: Min. Widowed 10A. USUAL OCCUPATION (Givekindof) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done-during most of working life, even if retired) INDUSTRY WHAT COUNTRY? umanu

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. JOHNS HOPKINS HOSPITAL INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION

21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.)

LYING OR CONTRIBUTING CAUSE OF DEATH

13. FATHER'S NAME

D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

INJURY

22. I hereby certify that I attended the deceased from Mon. 11 , 1952, to 3-18 , 1952, that I last saw the

deceased alive on 3-15, 1952, and that death occurred at 3.30Am., from the causes and on the date stated above. 23A. SIGNATURE

24A. BURIAL. CREMA-TION, REMOVAL (Specify) Cremation

REGISTRAR'S SIGNATURE

NAME OF CEMETERY OR GREMATORY

25. FUNERAL DIRECTOR

21c. WHERE DID

INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

14. MOTHER'S MAIDEN NAME

238. ADDRESS HOPKINS HOSPITAL 24D. LOCATION (City, town, or county).

(If in Baltimore City, give exact location)

VS 150

DATE RECEIVED BY

LOCAL REGISTRAR

IL.

EDICA

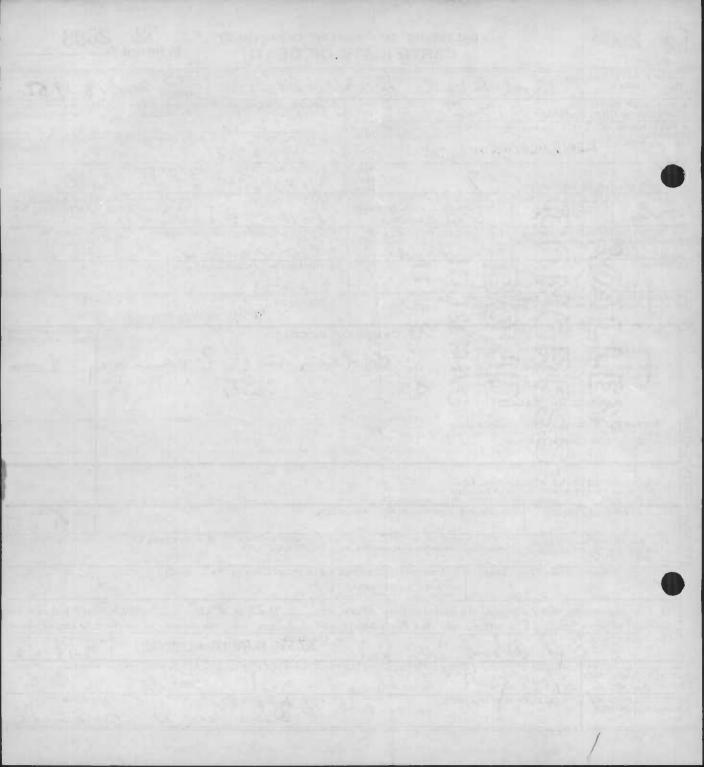
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ADDRESS

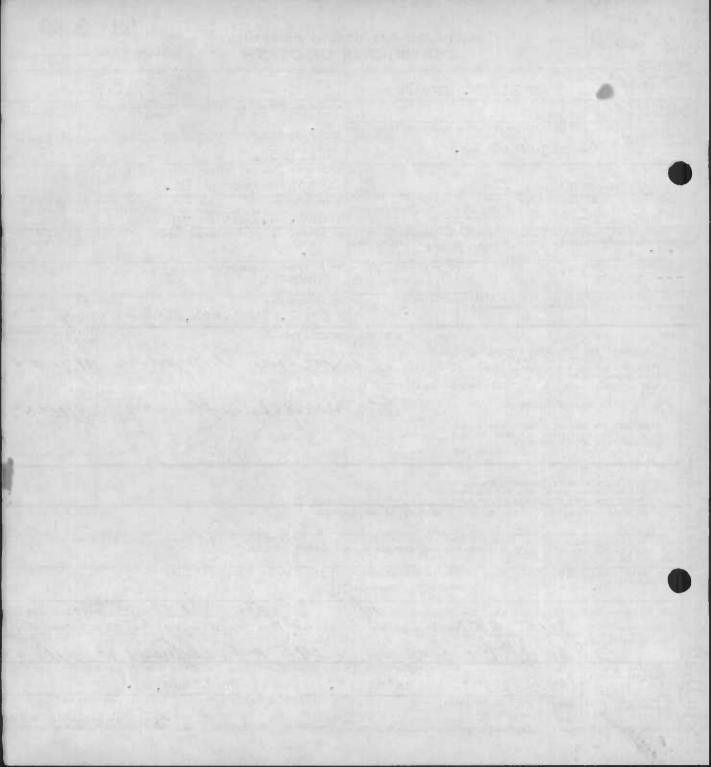
20. AUTOPSY

23c. DATE SIGNED

township)



I	12 2	HH.	BALTIMORE C		OF DEATH		Registere	d No	
	IRTH NO.		CERTIF	CATE	OF DEATE	1	registere	u 110,	
(1	NAME OF E	Amel	ia M. Twelbed	sk		2. E	OF 3/3	15/52	
Α.		City, Maryland		A	. USUAL RESIDEN	VCE (Where	leceased lived B. COUNTY	. If institution : res:	idence dmission
H	FULL NAME OSPITAL OR		al or institution, give street s	1 41 1	CITY OR TOWN	/If outsid	a compand li	mits, write RURAI	
11	ISTITUTION	3502 Edgewo	od Rd.		BALTIMORE		15-1	1	township
	Length of	stay in Baltimore	LIFE	Mos.	3502 Edge		_		
	SEX	6. COLOR OR RACE	7. SINGLE, MARRIED.		DATE OF BIRTH	19. A	GE (In years	If Under 1 Year If U	nder 24 Kour
	Pemale	White	Maraweg Divorces		Dec. 5,18	876 7	5	Months Days Hou	irs Min
WDE	done during most	CCUPATION (Give kind of of wnrking life, even if retired)	Own Home	S OR DUSTRY	Md.	ate or foreign	eountry)	12. CITIZEN WHAT CO	
	Jord			14	Unknown	DEN NAME			
15 (Ye	. WAS DECEAS , no or nnknown)	ED EVER IN U. S. ARMED (If yes, give war or date	FORCES? 16. SOCIAL SECURIT	TY NO. J	ohn G. Two	elbeck.	3502	ADDRESS dgewood	Rd
CATION	heart failt injury or DISEASE	s not mean the mode of are, asthenia, etc. It mea eomplication which of ANTECEDENT CAUS S OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA	ns the disease, aused death.) DUE TO ES FANY, GIVING STATING THE DUE TO	8nn	rary In	suff	uny	3/15	-572
CERTIFI	TRIBUTIN	II BIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED						
CAL			98. MAJOR FINDINGS O	F OPERAT	ION			20. AUT	OPSY?
EDIC	21A. ACCIE LYING□ O CAUSE OF	DENT WAS UNDER- R CONTRIBUTING DEATH	218. PLACE OF INJUR about home, farm, factory, street,		21c. WHERE DIE		altimore Cit	y, give exact locat	ion)
Ž	ID. TIME F INJURY	(Month) (Day) (Year)	WHILE AT N	OCCURRED NOT WHILE AT WORK	21F, HOW DID I	NJURY OCC	UR?		
			ended the deceased fro	m11/1-	1957	to 3/1		3, that I last	
	deceased a		1957 and that dear	238.	at Com., j	from the ear	ises and on	the date states	
III Bi	AA. BURIAL, ON, REMOVAL (S	CREMA: 24B. DATE Specify) March	24c. NAME OF				on (City, to	wn, or county	(State)
D	ATE RECEIVE	D.BY REGISTRAR	SHIGNATURE		FUNERAL DIRECTOR	CTOR		ADDRESS	Ave



f -	2 500
0	2220
12	2600

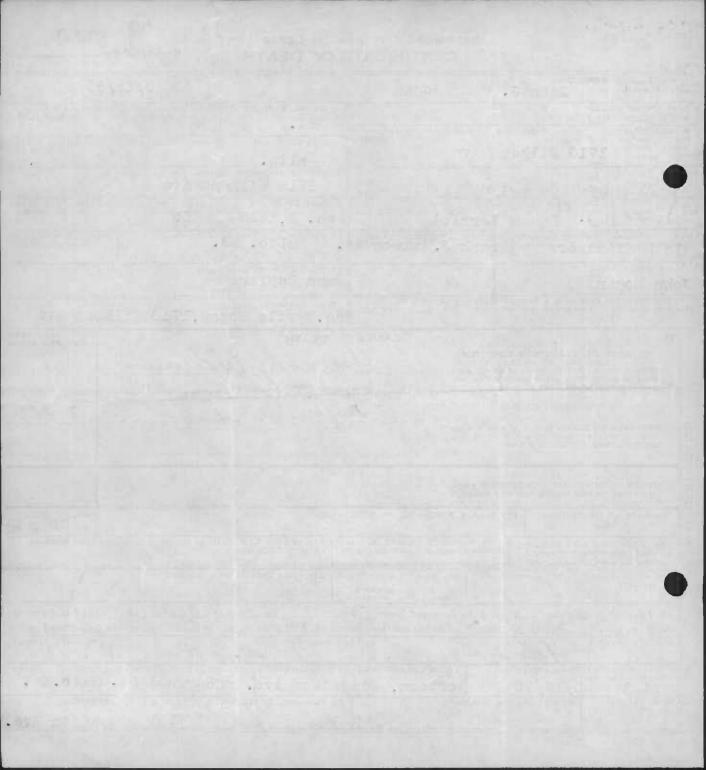
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 2690

В	RTH NO.		•	CERTIFICATI	E OF DEATH	Registered	No.
1. (T	NAME OF DECEAS	John :	J.	Hogan		OF 3/15	5/52
Α.	PLACE OF DEATH: Baltimore City, I				4. USUAL RESIDENCE (Where deceased lived. I: B. COUNTY	f institution : residence before admission)
H	DSPITAL OR	LO Wilke		ion, give street address or location)		f outside corporate limi	ts, write RURAL and give township)
	Length of stay in			Yrs. Mos. Days	D. STREET ADDRESS (If 1710 Wilke)		19-04
	SEX 6.CO	LOR OR RACE		E, MARRIED. (ED, DIVORCED (Specify)	Dec. 7,1892		Il Under 1 Year If Under 24 Hours onths Days Hours Min.
10	doned wine most of working	TION (Give kind of	Frank	J. Hameneyer To	11. BIRTHPLACE (State or f	foreign country)	12. CITIZEN OF WHAT COUNTRY
	hn Hogan		18.0	CLOTH Mich	Ama Gaylord	AME	
15 (Ye	. WAS DECEASED EVE i, no or unknown) (if y	R IN U.S. ARME es, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Irs.Myrtle Hogs	an,1710 Wi	ADDRESS Lkens Ave
CERTIFICATION	(This does not meant failure, astronomy or compliance) ANTECOMPART OF THE ASSESSION OF THE	enia, etc. It mes cention which CEDENT CAU: ONDITIONS, I OVE CAUSE (A)	TH of dying, e. g ans the diseas caused death SES F ANY, GIVIN STATING TH AST.	(B) (C) (C)	of DEATH Ornary De	Clusion	INTERVAL BETWEEN ONSET AND DEATH
	OTHER SIGNIF TRIBUTING TO THE TO THE DISEASE 19A. DATE OF OPE	OR CONDITION	NOT RELATE	D	ATION		20. AUTOPSY7
EDICA	21a. ACCIDENT V LYING☐ OR CON CAUSE OF DEATH	TRIBUTING		ACE OF INJURY (e. g., i arm,factory,street,office bldg.,		If in Baltimore City,	
Σ	D. TIME (Month			WHILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID INJUR	Y OCCUR?	
	22. I hereby cert deceased alive or 23A. SIGNATURE	ify that I at	tended the 5, 1952,	and that death occur	red at 1 m., from to 38. ADDRESS	the causes and on the	that I last saw the the date stated above
24 TI	a. Burial, CREMA DN. REMOVAL (Specify) Burial	248. DATE 3/19/52		24C. NAME OF CEMETE	ondson Ave & L		.Balto.Md.
	ATE RECEIVED BY DCAL REGISTRAR	REGISTRAR	s SIGNATI	Sligne / 7	25. FUNERAL DIRECTOR	1/24101 Ed	mondson Ave.

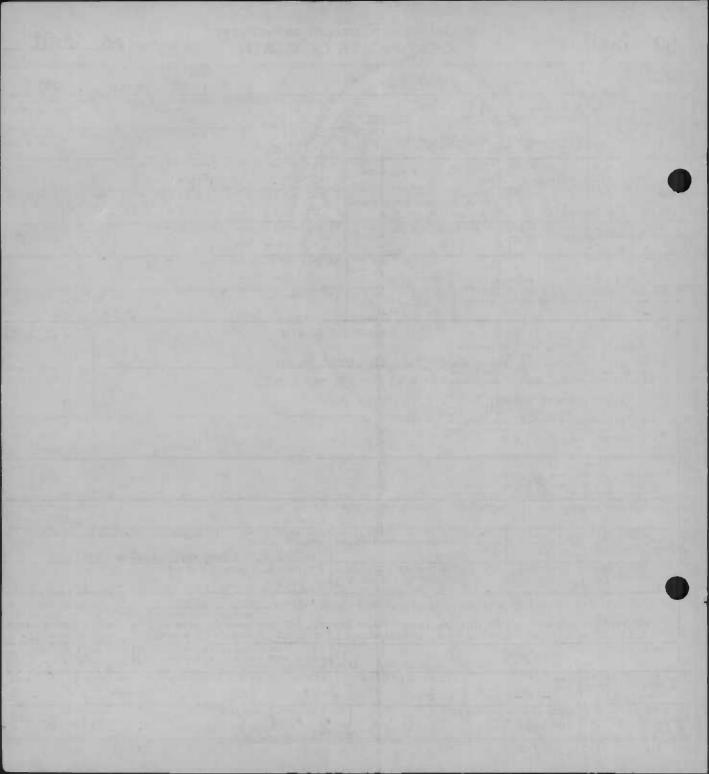
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 2001

B	IRTH NO.				
	NAME OF DECEASED (ype or Print) JOHN	VAND R		2. DATE OF DEATH March	16 1052
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE A. STATE	(Where deceased lived, If ins	
	FULL NAME OF 'f not in hospital or instit				
	ospital or ISTITUTION Baltimore City Ho	location)	c. CITY OR TOWN Paltitore	(If outside corporate limits,	write RURAL and give
-	· ·			70	
	and at the Date	Yrs. Mos.	D. STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	
20	ength of stay in Baltimore	Days LE, MARRIED.	3219 E. Fairm		der 1 Year It Under 24 Hours
	Mala White WIDO	WED, DIVORCED (Specify)	6-1-1908	last birthday) Month	ns Days Hours Min.
10	A. USUAL OCCUPATION (Give kind of 10B. KIN	ni od ND OF BUSINESS OR	11. BIRTHPLACE (State of	r foreign country) 12	2. CITIZEN OF
W.O1	done during most of working life, even if retired)	tor	Maryland		WHAT COUNTRY
13	FATHER'S NAME	COT.	14. MOTHER'S MAIDEN	NAME	
	William Zander		Lary Jank	'ewicz	
15 (Ya	WAS DECEASED EVER IN U. S. ARMED FORCES? , no or unknown) (If yes, give war or dates of service)	16. SOCIAL	17. INFORMANT		RESS
120	= (1.) 565, Bive war of direct of service)	SECURITY NO.	Mrs. Therse		1 rmount iv
	18. E 700.01	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTL		O. BLAIII		ONSET AND DEATH
	(This does not mean the mode of dying, e		ral Hemorrhage		
	heart failure, asthenia, etc. It means the dise injury or complication which caused dea	ase.	tured Skull		***************************************
	ANTECEDENT CAUSES	my trac	oured skull		
	ANTECEDENT CAUSES	(8)			
6	DISEASES OR CONDITIONS, IF ANY, GIV	ING			***************************************
RTIFICATION	UNDERLYING CONDITION LAST.				
Ü.	11				
T	OTHER SIGNIFICANT CONDITIONS CO				
FR	TRIBUTING TO THE DEATH, BUT NOT RELA TO THE DISEASE OR CONDITION CAUSING				
Ü	19A. DATE OF OPERATION 19B. MAJO	R FINDINGS OF OPER	ATION		20. AUTOPSY?
AL					YES X NO
U	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- about home	ACE OF INJURY (e. g., in e, farm, factory, street, office bldg., e	or 21c. WHERE DID tc.) INJURY OCCUR?	(If in Baltimore City, give	exact location)
EDI	UTING CAUSE OF DEATH.	home	319 E. FEi	rmount Avenue	
Σ	OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRE			
L	3/8/52 A. m.	WORK L AT WORK L		sirs, second to	first
	22. I certify that I took charge of th	e remains described a	bove, held anuto	ODSY y, Inspection or Inquiry	thereon and from
	the evidence obtained by said Au and death in my opinion resulted	topsy, Inspection or I- from: natural causes	nguiry, find that said.	deceased died on the	day stated above, etermined .
	23A. SIGNATURE	0.		L EXAMINER 23c. I	
	A. BURIAL, CREMA- 248, DATE	24C. NAME OF CEMETER		LOCATION (City, town, or	county) (State)
110	Furial 3-20-1952	loreland I.	emorial Park	Faltinore	Md.
	TE RECEIVED BY REGISTRAR'S SIGNAT		25. FUNERAL DIRECTOR	R AI	DDRESS
1	AL REGISTRAR Turtington	Villaur Pol	shen Q. Mora	m 3000 E. Tal	bimore St.
V	S 151				, ,/
	N-0 (+1)	3393	77	18	ba V

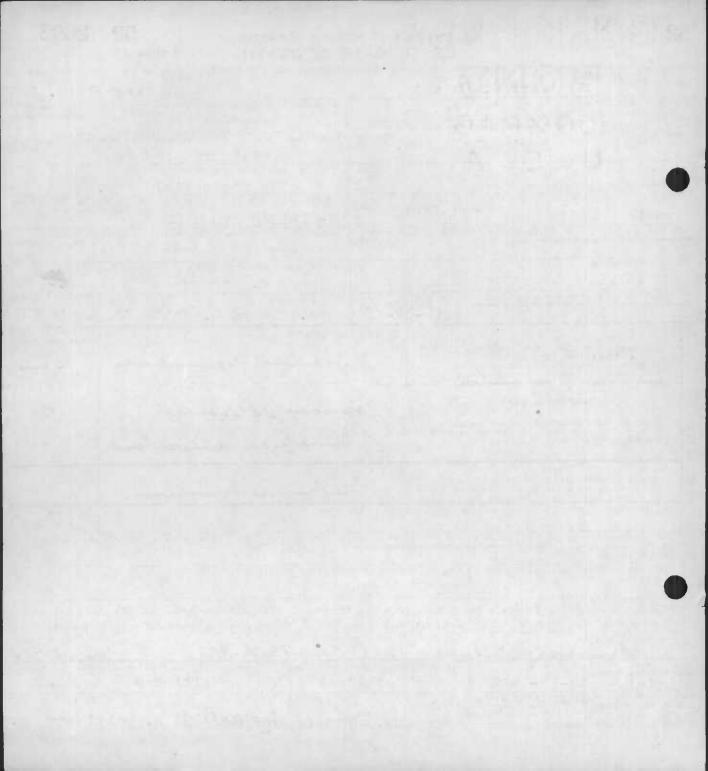


153	2692
10.7 Sept.	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 2692

BIRTH NO.	CERTIFICATI	E OF DEATH Registered No.)
1. NAME OF DECEASED (Type or Print)	J. Roberts	2. DATE OF March	16th. 195
3. PLACE OF DEATH: A. Baltimore City, Maryland	Faltimore	4. USUAL RESIDENCE (Where deceased lived, If in A. STATE B. COUNTY	stitution : residence before admission)
HUSFITAL OR	tal or institution, give street address or location) angfield Ave.	Maryland c. CITY OR TOWN (If outside corporate limits, Baltimore	
ngth of stay in Baltimore	Yrs. Mos. Days	p. STREET ADDRESS (If rural, give location) 706 Stringfield Ave	
5. SEX 6. COLOR OR RACE Temale White	7. SINGLE, MARRIED. WIDOWED, DLVORCED (Specify) WIDOWED	8. DATE OF BIRTH 9. AGE (In years) If III	nder I Year It Under 24 Hours the Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	II BIDTHEL COLOR	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME William H. Saz	ton	14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMEI (Yes, no or unknown) (If yes, give war or date	FORCES? LIE SOCIAL	17. INFORMANT ADD Mrs. Edward D. White 706	ORESS AVE
DISEASE OR CONDITION LEADING TO DEA' (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which of the complex of th	if dying, e. g., (A)	overy selección uralizada arfusoclassion rebral arturoclassion	ONSET AND DEATH
19A. DATE OF OPERATION 1	98. MAJOR FINDINGS OF OPERA	ATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year)	218. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., et (Hour) 21e. INJURY OCCURRE WHILE AT NOT WHILE	c.) INJURY OCCUR?	e exact location)
22. I hereby certify that I att. deceased alive on Phan 12 23A. SIGNATURE 24A. BURIAL CREMA: 24B. DATE TION, REMOVAL (Specify) Furial 3-19-19	m. WORK AT WORK ended the deceased from	Ted at 5:30 P.m., from the causes and on the BB. ADDRESS LIOS YOR CREMATORY 24D. LOCATION (City, town, or	date stated above. 23c. DATE SIGNED
DATE RECEIVED BY REGISTRAR'S LOCAL REGISTRAR THINKING	SIGNATURE	1	DDRESS

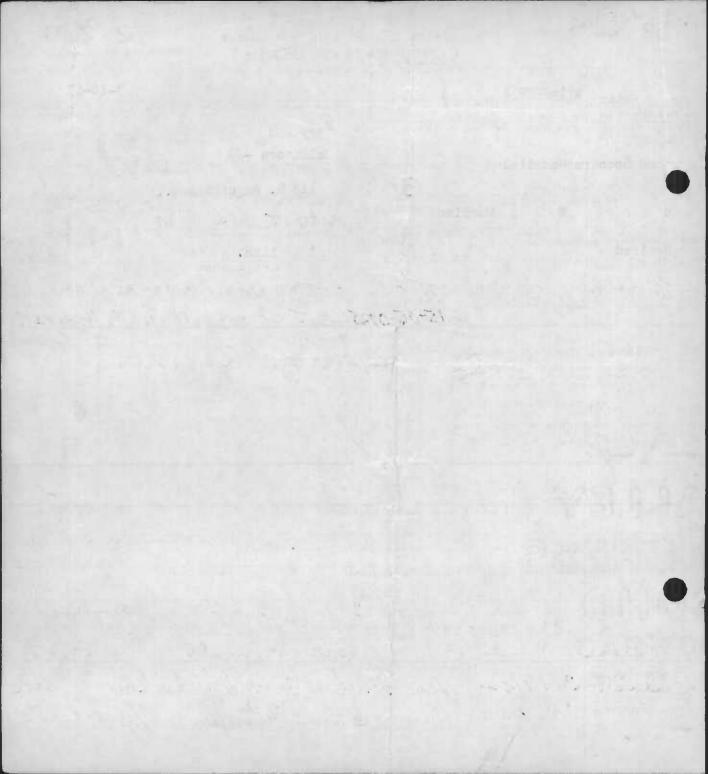


VV522	2693
BIRTH NO.	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 2693 Registered No.

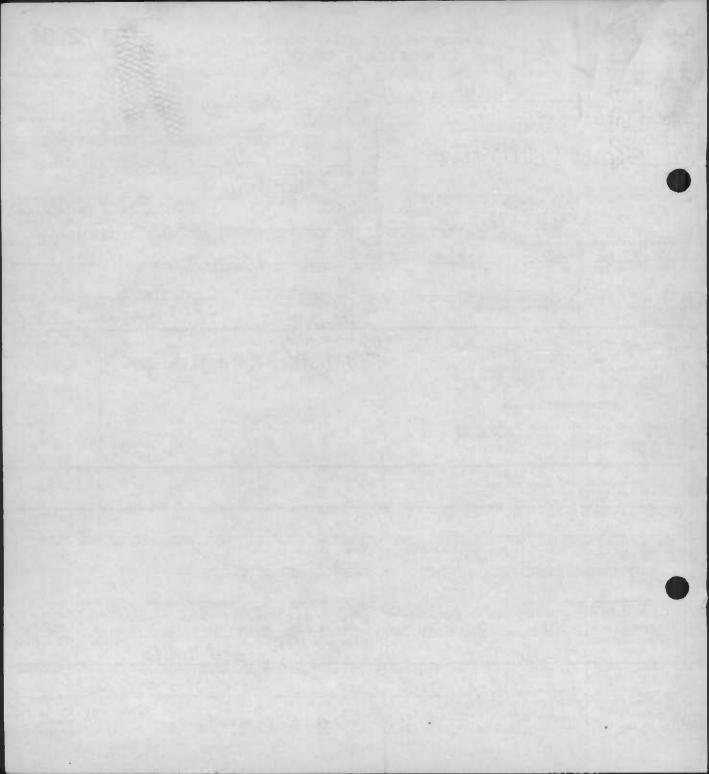
Type or Print) 3-16-52 3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION) B. FULL NAME OF (If not in hospital or institution, give street address or Iocation) B. FULL NAME OF (If not in hospital or institution, give street address or Iocation) B. FULL NAME OF (If not in hospital or institution, give street address or Iocation) B. FULL NAME OF (If not in hospital or institution, give street address or Iocation) B. FULL NAME OF (If not in hospital or institution, give street address or Iocation) B. FULL NAME OF (If not in hospital or institution, give street address or Iocation) B. FULL NAME OF (If not in hospital or institution, give street address or Iocation) B. FULL NAME OF (If not in hospital or institution, give street address or Iocation) B. FULL NAME OF (If not in hospital or institution, give street address or Iocation) B. FULL NAME OF (If not in hospital or institution, give street address or Iocation) B. FULL NAME OF (If not in hospital or institution, give street address or Iocation) B. FULL NAME OF (If not in hospital or institution, give street address or Iocation) B. FULL NAME OF (If not in hospital or institution, give street address or Iocation) B. FULL NAME OF (If not in hospital or institution; residence at Street address or Iocation) B. FULL NAME OF (If not in hospital or institution; residence at Street address or Iocation) B. FULL NAME OF (If not in hospital or institution; give address or Iocation) B. FULL NAME OF (If not in hospital or institution; give address or Iocation) B. FULL NAME OF (If not in hospital or institution; give address or Iocation) B. FULL NAME OF (If not in hospital or institution; give address or Iocation) B. FULL NAME OF (If not in hospital or institution; give address or Iocation) B. FULL NAME OF (If not in hospital or institution; give address or Iocation) B. FULL NAME OF (Iocation) B. A. GET OF (Iocation) B. A. GET OF (Iocation) B. A. GET OF
A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION Bon Secours Haspital Yrs. Mos. Days 5. SEX 6. COLOR OR RACE Mos. Mos
B. FULL NAME OF HOSPITAL OR INSTITUTION Bon Secours Haspital Yrs. ngth of stay in Baltimore 5. SEX 6. COLOR OR RACE MOS. MOS. Days TOAL USUAL OCCUPATION (Give kind of Retired) Retired 10. LOR 11. BIRTHPLACE (State or foreign country) TOAL USUAL OCCUPATION (Give kind of Retired) Retired 12. CITIZEN OF WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. COLOR or RACE 7. SINGLE. MARRIED. Maryland C. CITYOR TOWN (If outside corporate limits, write RURAL and g Baltimore -29 D. STREET ADDRES (If rural, give location) 18. DATE OF BIRTH 9. AGE (in years lit Under 24 He Months: Days Hours: Mi Months: Days Hours:
Bon Secours Haspital Yrs. Mos. Days 5. SEX 6. COLOR OR RACE Married 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 10b. KIND OF BUSINESS OR INDUSTRY Retired 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY WHAT COUNTRY 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? LIFESCHALL 15. WAS DECEASED EVER IN U. S. ARMED FORCES? LIFESCHALL 16. AND
Baltimore — 29 Ingth of stay in Baltimore 30 Mos. Days Days Days D. STREET ADDRESS (If rural, give location) 118 S. Augusta Ave. S. SEX G. COLOR OR RACE TO SINGLE. MARRIED. MOS. Days D. STREET ADDRESS (If rural, give location) 118 S. Augusta Ave. S. DATE OF BIRTH S. Augusta Divided I Veer last birthday) Months: Days Hours: Millinder I Veer last birthday) Months: Days Hours: Millinder I Veer last birthday) Months: Days Hours: Millinder I Veer last birthday) 10A. USUAL OCCUPATION (Give kind of Retired) Retired 10B. KIND OF BUSINESS OR INDUSTRY TAIL OR 1 11. BIRTHPLACE (State or foreign country) WHAT COUNTRY LITHUM FINE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? LIE SCALE) 15. WAS DECEASED EVER IN U. S. ARMED FORCES? LIE SCALE)
Ingth of stay in Baltimore 3 O Days 118 S. Augusta Ave 5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. Married Divorced (Specify) 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10A. USUAL OCCUPATION (Give kind of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY WHAT COUNTRY 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? LIFE SCALE) 15. WAS DECEASED EVER IN U. S. ARMED FORCES? LIFE SCALE)
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. M 7. SINGLE. MARRIED. Married 8. Date of Birth 9. Age (in years lit Under 24 He does the process of Months: Days Hours: Mindell Year Months: Days H
M Married Divorced (Specify) IOA. USUAL OCCUPATION (Give kind of Retired) Retired 10B. KIND OF BUSINESS OR INDUSTRY Retired 11. BIRTHPLACE (State or foreign country) Lithury III 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. Usual VS JRM Hours Million Value Hours
Retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? LIESCOLO.
Matthew Weiseugeth ALEXANDRA RAMANAUSKAS.
13. WAS DECEASED EVER IN U. S. ARMED FORCES? 16/15/00/161
13. WAS DECEASED EVER IN U. S. ARMED FORCES? 16/15/00/161
215-05-0925L-FO J WEISENGOFT TO 3 Me HENRY SI
18. L2011 . CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY
(This does not mean the mode of duing a g Myocardia) In Faretion
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO
ANTECEDENT CAUSES
O DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)
IL CONTROL CON
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?
YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH YES NO 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21p. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK AT WORK
The state of the s
deceased alive on 3-16, 1952, and that death occurred at 5 pm., from the causes and on the date stated about
23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNE
I Luam (Mendage M.O. 2025 W. Payetts 3-1652
24A. BURIAL, CREMA- 24B. DATE 246 NAME OF CEMETERY OR CREMATORY 240 OCATION (City, town, or county) (Stay
Derriel 3/19/02 New Calhedeal feel of thedreck Red Mi
DATE RECEIVED BY REGISTRAR'S SIGNATURE
MAR 181952 Tuntington Vollacus, 1 tourles 16 tacheresher 103 Mc Lecus
VS 150
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 2694 Registered No.

B11	RTH NO.			Z 1 1 1 1 0 / 1 1	- 01 2/2/(111		
	NAME OF D	ECEASED	Mary	Ford		2. DATE OF DEATH	18/52
	PLACE OF D Baltimore (EATH: City, Maryland	0		4. USUAL RESIDENCE (Where deceased lived, I	f institution: residence before admission)
B. 1	FULL NAME		al or institution	n, give street address or	Md		
IN	SPITAL OR STITUTION	D . Joseph	Harrit	location)	C. CITY OR TOWN	f outside corporate lim	its, write RURAL and give township)
3	6	1 romaent 1	108/11	W	13allo	23-	-01
	ngth of s	tay in Baltimore		Yrs. Mos. Days	1021 Race	rural, give location)	
5.	SEX Fe	6. COLOR OR RACE	7. SINGLE,	MARRIED. D. DIVORCED (Specify)	8. DATE OF BIRTH	///	H Under 1 Year In Under 24 Hours Ionths Days Hours Min.
10/	USUAL OC	CUPATION (Give kind of	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country	12. CITIZEN OF
work		Howe	2	INDUSTRY	me	(_	WHAT COUNTRYS
13.	FATHER'S				14. MOTHER'S MAIDEN N	NAME	1 40/-01
	6	nh_			han ha		
15.	WAS DECEAS	ED EVER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT	2.12	ADDRESS
(100,	no or unknown)	(If yes, give war or dates	OI service)	SECURITY NO.	Do The 16600	3050 asi	Edusin SX
	18. 22.1	V		CAUSE	OF DEATH		INTERVAL BETWEEN
	1	SE OR CONDITION	DIRECTLY	D	A A 11	1	ONSET AND DEATH
	(This does	LEADING TO DEAT	H f dving, e.g.,	(A)	rebral Mer	northage	
	heart failu	re, asthenia, etc. It mean	ns the disease,	DUE TO		0	
	,,			002.10			
7		ANTECEDENT CAUS	ES	(B)			
O	DISEASES	S OR CONDITIONS, IF	ANY, GIVING				
AT	UNDERLY	HE ABOVE CAUSE (A)	STATING THE	DUE TO			
0				(C)		•••••	
는		11					
ERTI	TRIBUTING	IGNIFICANT CONDITE TO THE DEATH, BUT	NOT RELATED				
U		ISFASE OR CONDITION		TINDINGS OF ODES	ATION		
4	ISA. DATE C	OF OPERATION 1	98. MAJOR F	INDINGS OF OPER	ATION		20. AUTOPSY?
EDICA	21A. ACCID	ENT WAS UNDER-	21s. PLAC	E OF INJURY (e.g., i	or 21c. WHERE DID	(If in Baltimore City,	
	LYING OF	R CONTRIBUTING T	about home, fare	m, factory, street, office bldg.,	otc.) INJURY OCCUR?		
Σ	21D. TIME	(Month) (Day) (Year)	(Hour) 21	E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
	INJURY			ILE AT NOT WHILE			
				VORK AT WORK	1	2/11/ 10/	~
		y certify that I att			15 1952, to_	V (V/)	L, that I last saw the
-	deceased a		_, 19_\ ar	nd that death occur	3B. ADDRESS ()	the causes and on	the date stated above.
		Degonio	ndekio	м. р.	Provide	nt Hospital	3/18/12
T10	A. BURIAL. (S	CREMA. 248. DATE	2.4	IC. NAME OF CEMETE	RY OR CREMATORY 240. I	LOCATION (City, town	n, or county) (State)
	Zun	e moli:	24-59	mit an	chu-	aaco	nu
	CAL REGIST	RAR Hunting	a signatur	iacus 112	25. FUNERAL DIRECTOR	deed on 60	8 n. Selen
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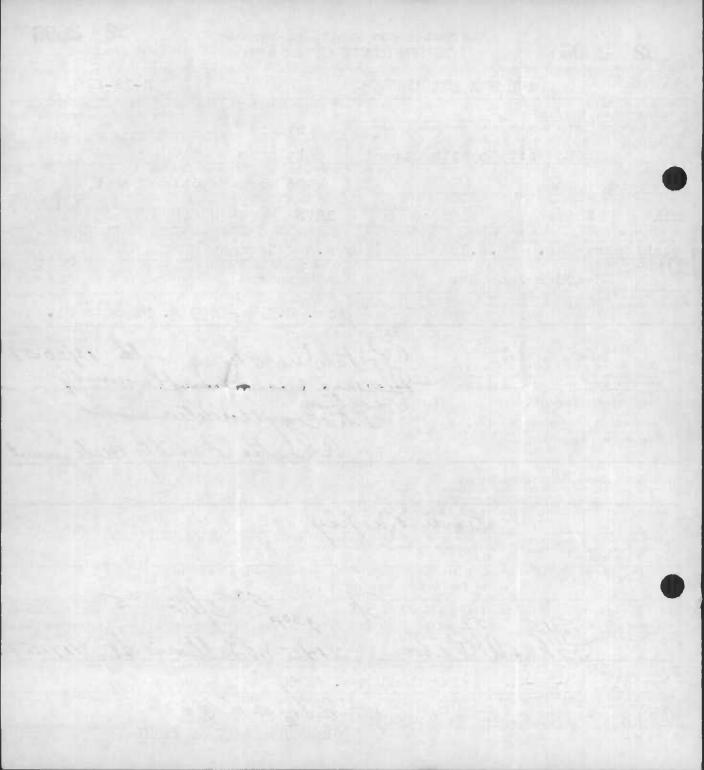
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 2695

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED THOMAS ROY BROWN 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location) (If outside corporate limits, write RURAL and give JOHNS HOPKINS HOSPITAL INSTITUTION Yrs. D. STREET ADDRESS (If rural give location) Mos. c. Length of stay in Baltimore Davs 5. SEX 6. COLOR DR RACE 9. AGE (In years | If Under | Year | Il Under 24 Hours | Inst birthday) | Months | Days | Hours | Min. 7. SINGLE, MARRIED 8. DATE OF BIRTH DOWED, DIVORCED Specify 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? LABOILEI , yard 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME nous 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no of unknown) (If yes, give wer or dates of service) SECURITY NO. JOHNS HOPKINS HOSPITAL INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Wefastatie Cascinomatorio ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 2 18. PLACE OF INJURY (e. g., in or WHERE DID (If in Baltimore City, give exact location) 21c. 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE WHILE AT 22. I hereby certify that I attended the deceased from Dec. 11 195/ to man. 6, 195 That I last saw the deceased alive on new. 16, 195 and that death occurred at 90. m., from the causes and on the date stated above. 23A. SIGNATURE 238 ADDRESS HOPKINS HOSPITAL 23c DATE SIGNED M. D. 24A. BURIAL CREMA-24c. NAME OF CEMETERY OR CREMATORY 3-20-52 Burial DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR untrue on AB 1 9 1000

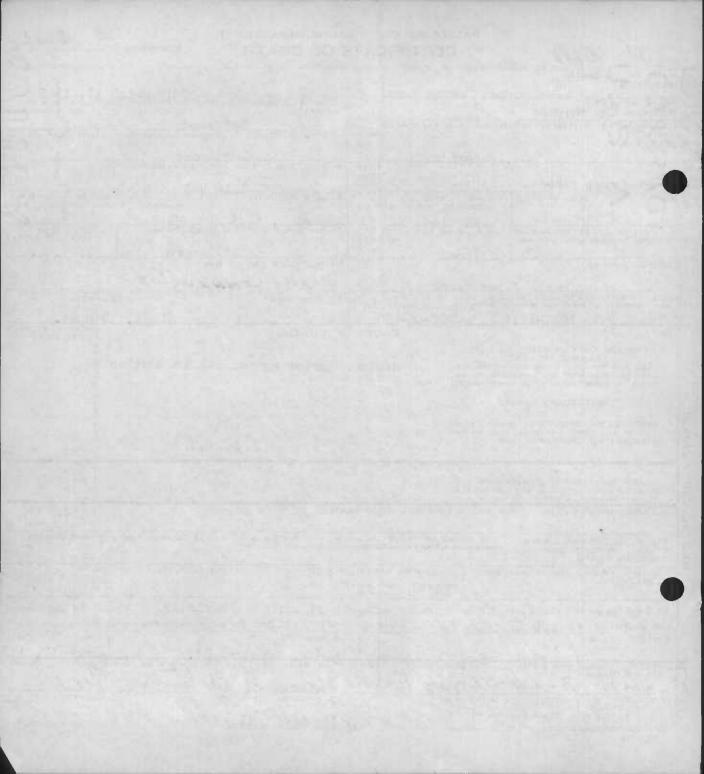
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BIRTH	NO:	2696			CERTIFICA	TE C	OF DE	EATH		Reg	gistered	No		
1. NAM (Type or	Print)		PAUI	MAX	BRANDHUBEI	?				2. DATE OF DEATH	3-1	6-52	,	
	e of De more Ci	ATH: ty, Maryla	nd			4. A.	USUAL F	RESIDEN	CE (Whe		ed lived. I	f institu	tion : residence ac	
HOSPIT.		F (If not i	n hospita	al or institu	tion, give street addre	. \	Mary		(If on	tside corr	orate lim	ite write	e RURAL	and sim
INSTITU	ITION	2603	West	Fave	tte Street			imore		6	7	- 0	T	ownship
					Y		STREET .			ral, give l				
5. SEX		ay in Baltin 6. COLOR OR		7 SINGL		ays	DATE OF	West	V		Str		Vous Little	das 24 Maria
male	9	White		WIDOY	ved divorced (Sp. dowed	wify)	1873	DIKTH		last bir	thday) M	lonths I	Days Hou	der 24 Hours rs: Min.
ork done du	ring most of	UPATION (Gi	ifretired)		of Business of INDUS	TRY	BIRTHPL	~		ign count	ry)		ITIZEN O	
	HER'S NA	ry Eng	•	0.0.1	ndustriai		Chem. Germany							
		dward	Bran	ndhube	r		Unknown							
15. WAS Yee, no or	DECEASED unknown)	(If yes, give we	S. ARMED	FORCES?	16. SOCIAL SECURITY N		INFORM		1-260	3 W.		addres		
he in	Chis does not failure jury or of A	LEADING TO not mean the e, asthenia, etc complication v .NTECEDENT OR CONDITI E ABDVE CAU NG CONDIT	mode of the mode of the mode of the mean which constituted on the mode of the	f dying, e. ns the diseas aused deatl ES ANY, GIVII STATING T.	DUE Steel	revisite of	16	Zens y U	-		- 0	ma	ly	eni
TE	BUTING	SNIFICANT TO THE DEATH	H, BUT I	NOT RELAT	ED						1	0	1	
		OPERATION			FINDINGS OF O	PERATIO	N	,				2	20. AUTO	PSY?
Š			~	de	ve De	pre	4						YES	ND _
LYII		NT WAS UN CONTRIBUT EATH		about home,	ACE OF INJURY (e farm, factory, street, office i	g., in or ldg.,etc.)	INJURY	OCCUR?	(1f	in Baltim	ore City,	give ex	act locati	on)
	TIME (M	Month) (Day)	(Year)	(Hour)	21E. INJURY OCCU	RRED	21F. HO\	M DID II	VJURY (OCCUR?				
	100111			m.	WHILE AT NOT W			100	2	1,		-7		
22.	hereby	certify tha	A I att	cnded the	deceased from	3/1	- 01	19 ,	to 3/	16-	, 19_	, tha	t I last s	saw th
decc	ased ali	ve on 3/1	5	, 19.3 /	and that scath of	curred	att	_m., fr	rom the	causes	and on			
23A.	SIGNATU	GI	ias	Wa	alm M.D.	238.	145	- mo	Tal	time	no of	230	B/17	SIGNED 5
TION REA	rial CF rial	ecify) _	9-52	3	Moreland	Mem.	Park	0		ATION (City, town	ı, or cou	nty)	(State)
	REGISTR	AR	- A -	aton 1	Villiaurs, M	J. 25.	FUNERA	L DIREC	TOP	1 8 8	low.	ADDI	RESS	
VS	150			7		G	REGINA	OPNT	AVE	& 22	CNS			

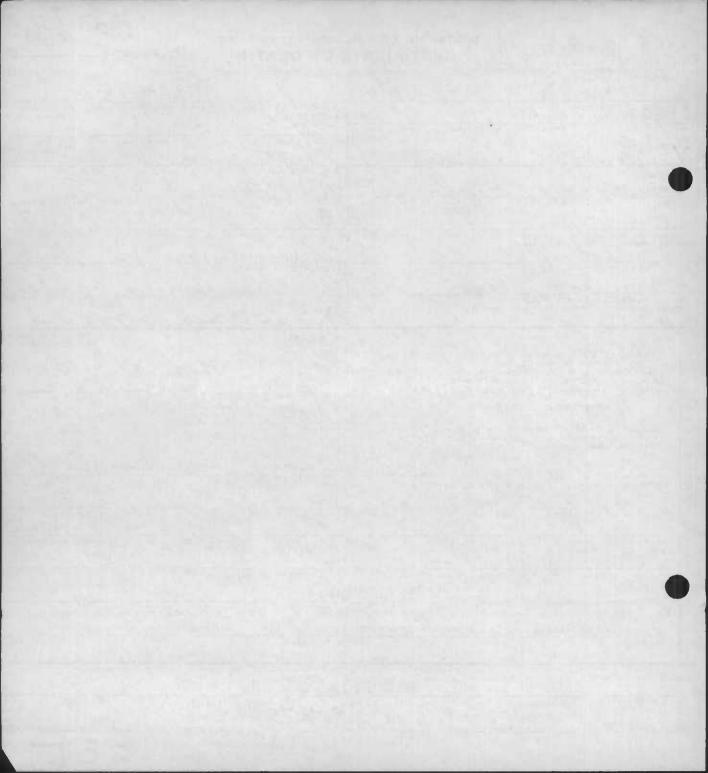


BALTIMORE CITY HEALTH DEPARTMENT

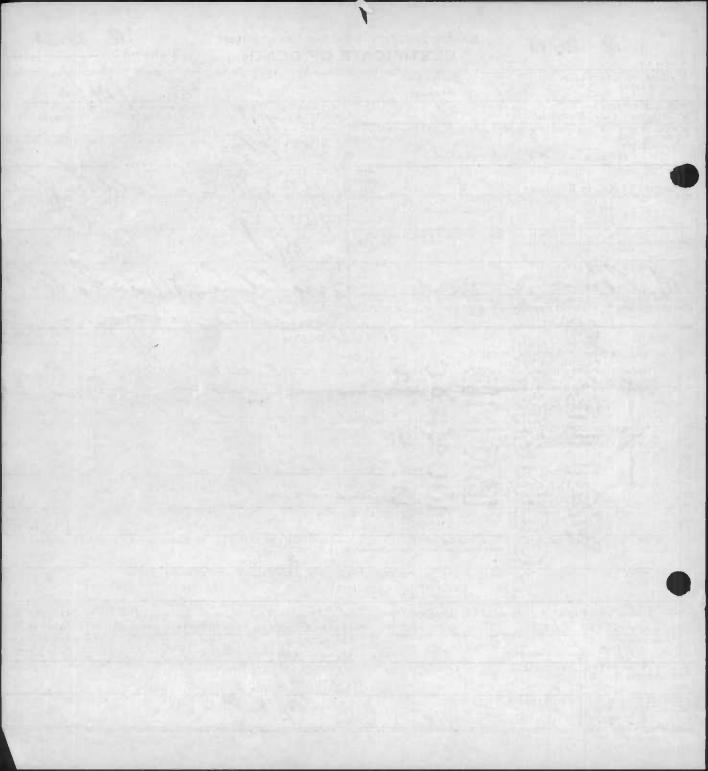
BIRT	TH NO.	2697		CERTIFICAT	E OF DEATH	Registered N	lo
	AME OF D	ECEASED				2. DATE OF	
	LACE OF D	Bu: DEATH: City, Maryland	rns, Ge	orge Luke	4. USUAL RESIDENCE (Where deceased lived. If B. COUNTY	institution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)					1	land foutside corporate limit	s, write RURAL and give township)
1111		St	Josep	h!s	Balt	imore /O	-01
	ngth of s	stay in Baltimore	Lif	Yrs. Mos.	D. STREET ADDRESS (If		REAL PROPERTY.
5. 5	EX	6.COLOR OR RACE		E. MARRIED, ZED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years last birthday) Mo	Under I Year If Under 24 Hours nths Days Hours Min.
	le	White		ried	August 7, 1893	58	
		CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
10.	Cler		Railro	ad		timore	U.S.A.
13. F	FATHER'S		7		14. MOTHER'S MAIDEN N	LougTor	
		ED EVER IN U. S. ARMED		16. SOCIAL	17. INFORMANT		DDRESS
(You, E		(If yes, give war or date		SECURITY NO.			
1.	8. 14 °	1917-191	9	1705-05-1917	OF DEATH	702 E.	INTERVAL BETWEEN
CERTIFICATION	(This doe heart failt in jury or DISEASE RISE TO UNDERL	SE OR CONDITION LEADING TO DEAT s not mean the mode of are, asthenia, etc. It mea complication which of ANTECEDENT CAUS S OR CONDITIONS, in THE ABOVE CAUSE (A) YING CONDITION LA BIGNIFICANT CONDITION G TO THE DEATH, BUT DISEASE OR CONDITION	TIONS CDM	(B)	anterior myocardi	al infarction	
J 1	19A. DATE	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPE	RATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in or LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg., etc.) 21C. WHERE DID (If in Baltimore City, give exact location INJURY OCCUR?)							
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK							
	22. I herel	by certify that I att	ended the	deceased from Mar	ch 17 , 19 52 to Mis	arch 17 , 195	2, that I last saw the
	deceased a	live on March 17	1952	and that death occu	rred at 2:10pm., from	the causes and on t	he date stated above.
		TURE	7		23B. ADDRESS	er e	23c. DATE SIGNED
	C	11000	2725	м. D.	11,00 N. Caroline		March 17, 152
TION	REMOVAL		-52	BALTIMOR	E National L	COCATION (City, town.	or county) (State)
DAT	RECEIVE CAL REGISTAL 9	D BY REGISTRAR	SSIGNATI	Villiams, M.	25. FUNERAL DIRECTOR	Allin 924	E.Eggen



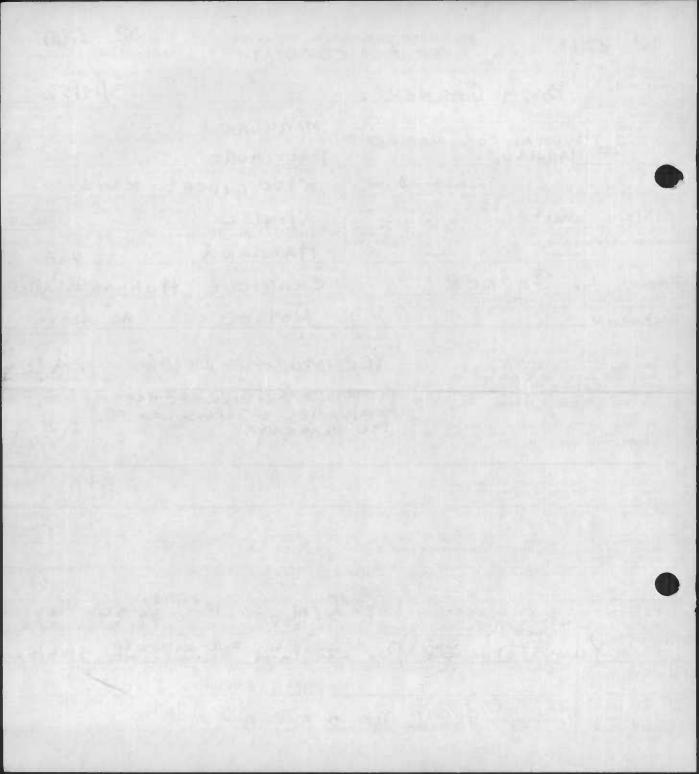
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	BALTIMORE CITY HEALTH DEPARTME					
	BIRTH NO. 52-05986 CERTIFICATE OF DEATH	Registered No.				
	1. NAME OF DECEASED (Type or Print)	2. DATE				
-	Baby Girl Oliver	DEATH 3- 15-52 CE (Where deceased lived, If institution; residence				
-	A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or	B. COUNTY before admission)				
	HOSPITAL OR location) C. CITY OR TOWN	(If outside corporate limits, write RURAL and give				
	University of Maryland Bulles	nove 16-03 township)				
	Length of stay in Baltimore 40 minutes Days 1129 777	(If rural, give location)				
8)	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH WIDOWED DIVORCED (Specify)	9. AGE (In years H Under I Year H Under 24 Hours last birthday Months; Days Hours: Min.				
. -	7 11 2-15-5	2 40				
	work done during most of working life, even if retired)	e or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
	13. FATHER'S NAME 14. MOTHER'S MAID!	EN NAME P. S. Ma. 11-2-14.				
	Sonny Pleise, Mildrey	i nadeen Walker.				
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 17. INFORMANT	ADDRESS				
	Milareda	Lever-1139 mount St.				
	18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY	INTERVAL BETWEEN ONSET AND DEATH				
	(This does not mean the mode of dying, e.g., (A) Crebral C	Conspia comins				
Ш	heart failure, asthenia, etc. It means the discase, injury or complication which caused death.)	re segaration				
Ш	ANTECEDENT CAUSES Of place	extent of				
	O DISEASES OR CONDITIONS, IF ANY, GIVING I RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO					
	UNDERLYING CONDITION LAST.					
	E II (C) //fallraal	respectaces una				
	OTHER SIGNIFICANT CONDITIONS CON-					
Ш	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?				
Ш	21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID	(If in Baltimore City, give exact location)				
	D HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	(at in Dutilinote Oily, give exact occurrent)				
Ш	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID IN	JURY OCCUR?				
	m. WHILE AT NOT WHILE AT WORK					
	22. I hereby certify that I attended the deceased from Much 15, 1952 t					
	deceased alive on hareh / 5, 1952, and that death occurred at 105 m., fr	om the causes and on the date stated above. 23c. DATE SIGNED				
	24A. BURIAL, CREMARY 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 2	4D. LOCATION (City, town, or county) (State)				
	TION, REMOVAL (Specify) 248. DATE 1248. NAME OF CEMETER FOR CREMATORY 2	1 8 1952				
	DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECT LOCAL REGISTRAR	ADDRESS				
	MARI 9 7082 Junenglan Velleauth Marie 1911401STRUIT	I Howen				
	VS 150	· · · · · · · · · · · · · · · · · · ·				



50 0.00 BALTIMORE CITY HEALTH DEPARTMENT	vт 52 2699				
96 6933 /	Registered No.				
BIRTH NO. 2 2 09 3 3 1					
1. NAME OF DECEASED (Type or Print) 13 aby girl 13 organ	2. DATE 3/14/5-2				
a. Baltimore City, Maryland 4. USUAL RESIDENCE	(Where deceased lived, 1f institution; residence B. COUNTY before admission)				
B. FULL NAME OF (If not in hospital or institution, give street address or location)	(If outside corporate limits, write RURAL and give				
INSTITUTION University Hospital Dulls	township)				
d. STREET ADDRESS	(If rural, give location)				
E. Length of stay in Baltimore	Landellengen				
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 225/32	9. AGE (In years It Under I Year last birthday) Months Days Hours Min.				
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR IV. BIRTHPLACE (Sate INDUSTRY)	or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S MAIDE!	NAME				
William Donn Guelden	~ Mackell				
15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL SECURITY NO. 17. INFORMANT SECURITY NO.	ADDRESS				
- maldi	- Hoga				
18. 570.4 CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	struction I wk.				
heart failure, asthenia, etc. It means the disease,	, racer or x				
injury or complication which caused death.) DUE TO					
ANTECEDENT CAUSES (B) Seed impaction	- ·				
UI DISEASES OR CONDITIONS, IF ANY, GIVING					
UNDERLYING CONDITION LAST.					
F					
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED					
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?				
A CONTRACTOR OF THE CONTRACTOR	YES NO V				
21a. ACCIDENT, SUICIDE, ADMINISTRATION OF STREET OF SUICIDE (Specify) 21b. PLACE OF INJURY (e.g., in or INJURY OCCUR?	(If in Baltimore City, give exact location)				
ID. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJ	URY OCCUR?				
FINJURY MHILE AT WORK MORK AT WORK AT WORK					
22. I hereby certify that I attended the deceased from 2/25, to	3/14, 1952, that I last saw the				
deceased alive on 3113, 1952, and that death occurred at 5.004m., fro	m the causes and on the date stated above.				
23A. SIGNATURE 23B. ADDRESS J. E. Furman M. D. Unwister /2					
24a. BURIAV. CREMA- TION, REMOVAL (Specify) 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24i	D. LOCATION (City, town, or county) (State)				
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR	ADDRESS				
MAR 1 91069 Huntington William Day	or on trouter				
	*				
VS 150					



-656 X	
BALTIMORE CITY HEALTH DEPARTMENT	52 2700
BIRTH NO. 62.05902 CERTIFICATE OF DEATH	Registered No.
1. NAME OF DECEASED (Type or Print) BABY GARNER	2. DATE OF DEATH 3/14/52
	ere deceased lived. If institution: residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or MARYLAWA	utside corporate limits, write RURAL and give
INSTITUTION OF MARYLAND. BALTIMORE	township)
c. Length of stay in Baltimore 2 hrs-25 mi Mos. Bays 8 100 Libe	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH	9. AGE (In years If Under Year If Under 24 Hours last birthday) Months: Days Hours Min.
MALE white single 3/14/52	2 25
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY INDUSTRY MARYLAN &	eign country) 12, CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	AE
FAMES L. GARNER CHARLENE 15. WAS DECEASED EVER IN U, S. ARMED FORCES? 16. SOCIAL 17. INFORMANT	HUBBARGUARIER
(Yes, no or unknown) (If yes, give war or dates of service) UN KNOWN N 17. INFORMANT SECURITY NO.	AS Above
18. 7/1 5 CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
heart failure, asthenia, etc. It means the disease,	8 Whs Shotsm
ANTECEDENT CAUSES injury or complication which caused death.) DUE TO REMATURE RUPTURE	
Z (B) MEMPRANCES + SEPA	ration of
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
(c) .	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	in Baltimore City, give exact location)
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	
O. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY	OCCUR7
m. work AT WORK	55PM / 5
deceased alive on 1952, and that death occurred at 1025 fm., from the	3/1952 that I last saw the
23A SIGNATURE 23B ADDRESS -	Walker of 23c DATE SIGNED
M.D. MARYLAND BAL	CATION (City, town, or county) (State)
TION, REMOVAL (Specify)	MAD 1 8 1952
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR	Danith
MAR 1 9 1952 Huntington Williams Mr. 2 6 Challes 191181	or Regita
VS 150	

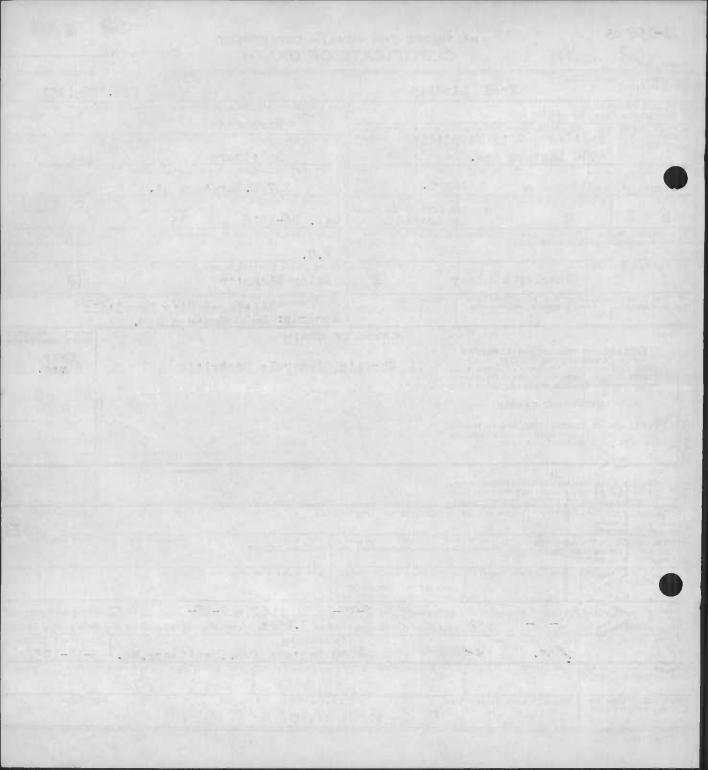


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 2701

Registered No.

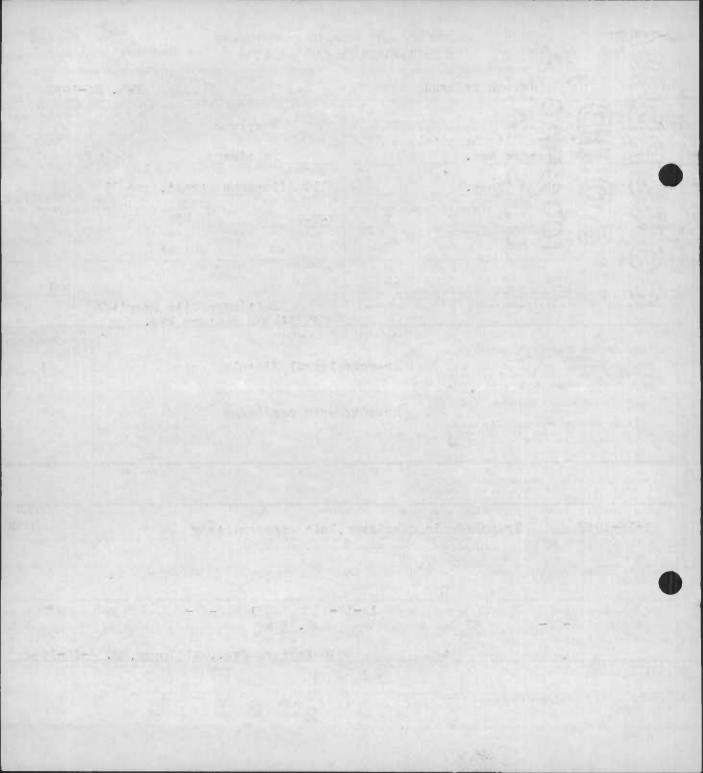
В	IRTH NO.	CIUI		CERTIFICATI	E OF DEATH	registered	110
(7	NAME OF D	I	red L	indsay		2. DATE OF DEATH FE	b. 28-1952
	Baltimore (EATH: City, Maryland			4. USUAL RESIDENCE (V	Where deceased lived. B. COUNTY	If institution: residence before admission)
В.	FULL NAME	OF (If not in hospit		ion, give street address or	Maryland	5. 000/(1)	before auminition)
	OSPITAL OR	Baltimore Ci		pitals location)	C. CITY OR TOWN (If	outside corporate lin	nits, write RURAL and give township)
	A /	4940 Eastern	Ave.		Baltimore		-O 2 cownship)
	ength of s	tay in Baltimore	12	Yrs. Mos. Days	D. STREET ADDRESS (IF		
5	. SEX	6.COLOR OR RACE	7. SINGLE	E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year If Under 24 Hours
	M	N	S	PED, DIVORCED (Specify)	Dec. 26-1916	35	Months Days Hours Min.
wor	A. USUAL OC k done during most	CUPATION (Give kind of of working life, even If retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13	B. FATHER'S	NAME			N.C.	AMF	
		Charley	Lindsa;	y (D	Daisy Ricketts	1716	(D
15 (Ye	5. WAS DECEASI	ED EVER IN U. S. ARMEI	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMABALtimor	e City Hosp	ADDRESS
_					Recerds: 4940 Ka	stern Ave.	
	18. 59.	2 × 1		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH						
	(This does heart failu	not mean the mode ore, asthenia, etc. It mea	f dying, e. g	e. (A) Unron1	c Glomerule Nephr	itis	6 рев.
	injury or	complication which c	aused death	.) DUE TO			
		ANTECEDENT CAUS	ES				
Z	DISEASES	S OR CONDITIONS, 11	ANY, GIVIN	(B)	***************************************	***************************************	
E	RISE TO T	HE ABOVE CAUSE (A)	STATING TH	E DUE TO			
0				(C)	***************************************	***************************************	
RTIFICATION		- 11				20120. 1271	
Ш	TRIBUTING	GIGNIFICANT CONDI	NOT RELATE	D			
U		F OPERATION 1		FINDINGS OF OPER	ATION		20. AUTOPSY?
AL	100.00.00	or English	J. MAJOIL	TINDINGS OF OFER	ATTOR		YES NO T
EDICAL	21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING	21B. PLA about home, f	CE OF INJURY (e. g., in arm, factory, street, nffice bldg., e	or 21c. WHERE DID (1 ttc.) INJURY OCCUR?	f in Baltimore City	, give exact location)
Σ	AID. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID INJURY	OCCUR?	
	INJURY		m.	WHILE AT NOT WHILE			
	22. I hereh	n cortifu that I att			0= 1052 to 2=	28 19	52 that I last saw the
	22. I hereby certify that I attended the deceased from 2-19-, 1952, to 2-28-, 1952, that I last saw the deceased alive on 2-28-, 1952, and that death occurred at 3.05Pm., from the causes and on the date stated above.						
	23A. SIGNA	TURE 7	4		38. ADDRESS		23c. DATE SIGNED
		9.0.	109	M. D. 49			
Z.	AA. BURIAL, ON, REMOVAL (S	CREMA- 24B. DATE		24c, NAME of CEMETE	RY OR CREMATORY 240. L	OCATION (City, tow	n, or county) (State)
_				ANN H	VIV THESE WAY	R 1 7 1952	
L	ATE RECEIVE OCAL REGIST	D BY REGISTRAR	SIGNATU	// / / E2 -2	25. FUNERAL DIRECTOR	& Bandya	ADDRESS
1	NR 1 9 198	12 Hustin	glow to	Viktualles-, Rist	Uan Simpon 21 Bi	CHULL	
	VS 150		0		Cr. Ville	· 1/2 · 3	



355 AB-153927

BALTIMORE CITY HEALTH DEPARTMENT 52 SMAG CERTIFICATE OF DEATH Registered No.

BIR	TH NO.	~ 1-1UC		OLIVIII TO/VII	E OI BEATTI		
1. N (Tyr	IAME OF Doe or Print)	Jes	eph Red	mond		2. DATE OF DEATH	. 20-1952
A. E	LACE OF D Saltimore (City, Maryland	al or institut	on, give street address or	4. USUAL RESIDENCE () A. STATE Maryland		f institution : residence before admission)
HOS	SPITAL OR	Baltimore C: 4940 Eastern	Lty Hos	9 49 1		/	its, write RURAL and give township)
C.	ength of s	tay in Baltimore	3mos.1	Yrs. Mos. Days	D. STREET ADDRESS (If 2110 Aliceanne		31
5. S	M.	6. COLOR OR RACE	7. SINGLE	. MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	
10 A.	USUAL OC	CUPATION (Give kind of if working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S N	IAME		2	14. MOTHER'S MAIDEN N	AME	
15. (Yes, 1	WAS DECEASE no or unknown)	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16, SOCIAL SECURITY NO.	17. INFORMBAT timer Records: 4940 Eas	e City Hespi	ADDRESS
1	8. 162 DISEAS	X I	DIRECTLY		OF DEATH	tern ave.	INTERVAL BETWEEN ONSET AND DEATH
	heart failu	not mean the mode of re, asthenia, etc. It mea complication which of	f dying, e. g ns the disease	e,	pleural fistula		1
NOI	DISEASES	ANTECEDENT CAUS OR CONDITIONS, I	F ANY, GIVIN	G	genic carcinoma	=	?
FICAT	UNDERLY	ING CONDITION LA	ST.	(C)			
CERTIF	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE	D			
_	9A. DATE O	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
1EDICA	1-15- 21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER-	21B. PLA	enic carcinema CE OF INJURY (e.g., in mrm, factory, street, office bldg., e	a or 21c, WHERE DID (INJURY OCCUR?	If in Baltimore City,	yes No Z
2 -	ID. TIME (Month) (Day) (Year)		VHILE AT NOT WHILE	ED 21F. HOW DID INJUR	Y OCCUR?	
		y eertify that I att		deceased from 11-1	1951, to 20 red at3.35 Am., from t		52 that I last saw the
-	23A. SIGNAT		Els	2	38. ADDRESS 940 Eastern Ave.		23c. DATE SIGNED
24A TION	. BURIAL. (S	REMA- 248. DATE pecify)		M. D. 4	RY OR CREMATORY 240 L	OCATION (City, town	n, or county) (State)
	E RECEIVE	RAR	- John	RE / / / / / P	25 FUNERAL DIRECTOR	ol Realth	ADDRESS
	VS 150		0		6 1, 1, 1		

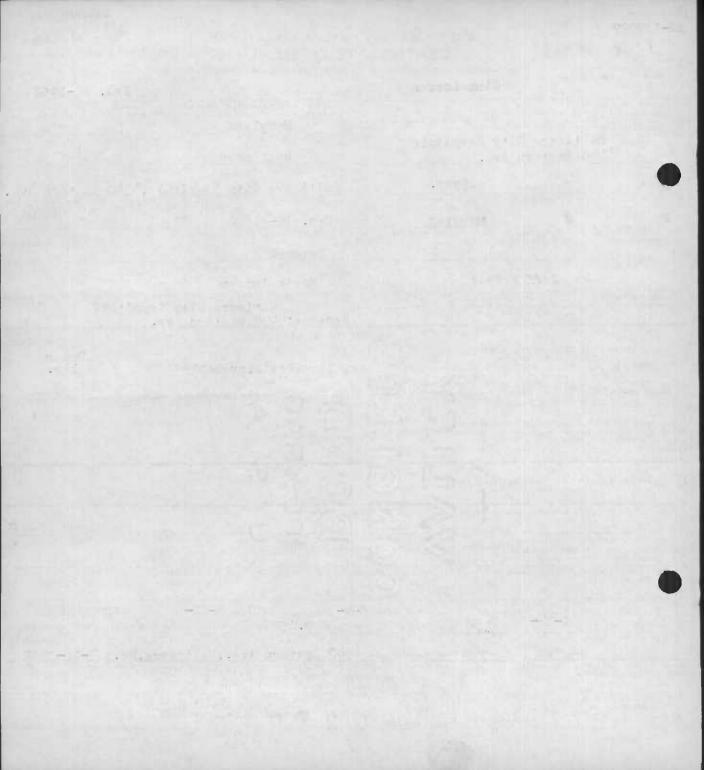


59 9702

BALTIMORE CITY HEALTH DEPARTMENT

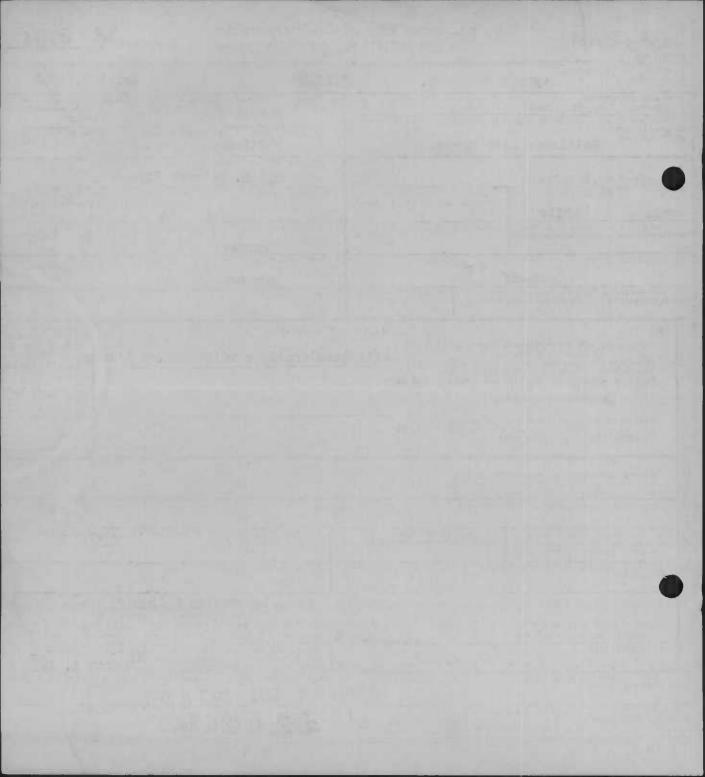
52	2703
gistered No	

B	IRTH NO.	E/03		CERTIFICAT	E OF DEATH	Registered	No.
	NAME OF E	DECEASED	Sina I	assen		2. DATE OF DEATH	b. 22-1952
	. PLACE OF D	City, Maryland			4. USUAL RESIDENCE		
В	FULL NAME	OF (If not in hospi	tal or institut	tion, give street address or	Maryland		
II	NSTITUTION	Baltimere Ci	ty Hosp	itals location)		If outside corporate lin	nits, write RURAL and give
	<i>L</i>	1940 Eastern	Ave.	V	Baltimore D. STREET ADDRESS (I	26	12
	ungth of s	stay in Baltimore	295	Yrs. Mos.	·		
5	. SEX	6. COLOR OR RACE	7 SINGL	F MARRIED	Baltimore City F	9 AGE (In years)	If Under 1 Year II Under 24 Hours
	r	w	0.4	VED, DIVORCED (Specify)		last birthday)	Months Days Hours Min.
10	DA. USUAL OC	CUPATION (Give kind of	Marr 108. KIND	OF BUSINESS OR	Dec. 19- 1870	foreign country)	1 12. CITIZEN OF
woi	a does during most	of working life, even if retired)		INDUSTRY	Denmark		WHAT COUNTRY
1:	3. FATHER'S	NAME	!		14. MOTHER'S MAIDEN N	NAME	
_		Jeff K			Marie Jensen		
(Y	5. WAS DECEAS	ED EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT imore lecords: 4940 East	City Hospit	ADDRESS
	18. 420) ,)			OF DEATH		INTERVAL BETWEEN
	DISEAS	SE OR CONDITION LEADING TO DEA	DIRECTLY				Under
	(This does	not mean the mode ore, asthenia, etc. It mes	of dying, e. s	(Corenary	Thrombosis, prob	able	lhr.
	injury or	complication which	caused death	DUE TO			
		ANTECEDENT CAUS	SES				
0	DISEASES	OR CONDITIONS,	F ANY, GIVIN	(B)			
ATI	UNDERLY	HE ABOVE CAUSE (A)	STATING TH	E DUE TO			
S				(C)	•••••••••••••••••••••••••••••••••••••••		
ERTIFICATION	OTHER C	II IGNIFICANT CONDI	710110				
M	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D			
U.				FINDINGS OF OPER	ATION		20. AUTOPSy?
AL		0					YES NO T
MEDICA	21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLA about home, i	ACE OF INJURY (e. g., id arm, factory, street, office bldg., e	o or 21c. WHERE DID (btc.) INJURY OCCUR?	(If in Baltimore City,	
-	INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRE	ED 21F. HOW DID INJUR	Y OCCUR?	
			m.	WHILE AT NOT WHILE			
	22. I hereb	y certify that I att	ended the	deceased from 5-9	1950 to 2	-22- 19	52 that I last saw the
	deceased al	ive on 2-22-			red at 3.05P m., from	the causes and on	the date stated above.
	23A. SIGNAT	TURE	1/2	2	3B. ADDRESS		23c. DATE SIGNED
2.	4A. BURIAL, C	CREMA- 24B, DATE	100	M. D. 49	40 Eastern Ave.	Baltimore.Md	3-10-1952
TI	ON, REMOVAL (S	pecify)		JOHN HONKI	NS IN LOTAL SCHOOL MAR	17 1952	n, or county) (State)
0	ATE RECEIVE		1-	Villians MOD	25. FUNERAL DIRECTOR	of Health	ADDRESS
	VS 150		0		, 1,1,1		



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 2 1111

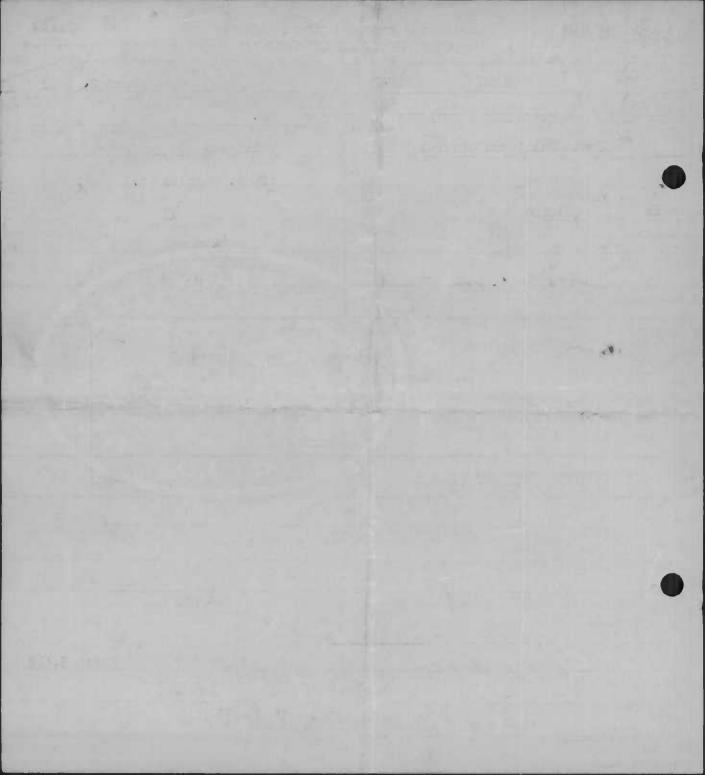
BIRTH NO.						
1. NAME OF E (Type or Print)	REES	E	K. W.	ILLIAMS	DEATH	ch 3, 1952
A. Baltimore	City, Maryland			4. USUAL RESIDENCE A. STATE Maryland		institution : residence before admission)
B. FULL NAME HOSPITAL OR	OF If not in hospit	al or institut	ion, give street address or location)			
INSTITUTION	Baltimore C	ity Mor	1	Baltimor		ts, write RURAL and give township
			Yrs.	D. STREET ADDRESS (if rural, give location)	
ngth of s	stay in Baltimore		Mos. Days	610 N. C	alvert Street	
male	6. COLOR OR RACE white	WIDOW	E. MARRIED. /ED. DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) M	If Ender 1 Year onths: Days Hours Min.
Work done during most	CUPATION (Give kind of of working life, even if retired)	10a. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12 CITIZEN OF
				Unknown		WHAT COUNTRY
13. FATHER'S	NAME			14. MOTHER'S MAIDEN	NAME	
	Unknown	I		Unknown		
15. WAS DECEAS (Yes, no or unknown)	ED EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
(,	(**************************************		SECORITY NO.			
Z DISEASE RISE TO TUNDERL' UNDERL' OTHER S	SE OR CONDITION LEADING TO DEAT not mean the mode of are, asthenia, etc. It mea complication which of ANTECEDENT CAUS S OR CONDITIONS, IF THE ABOVE CAUSE (A) YING CONDITION LA BIGNIFICANT CONDITION TO THE DEATH, BUT	F ANY, GIVIN STATING TH	(B)	osclerotic card		sease
/ \	ISEASE OR CONDITION	CAUSING I	Γ.	· · · · · · · · · · · · · · · · · · ·		
	F OPERATION 19	BB. MAJOR	FINDINGS OF OPERA	ATION		20. AUTOPSY?
UNDERLYIN	NAL CAUSE WAS G OR CONTRIB-		CE OF INJURY (e. g., in arm, factory, street, office bldg., et		(If in Baltimore City,	give exact location)
Z 21D. TIME (Month) (Day) (Year)	. W	HILE AT NOT WHILE AT WORK	D 21F. HOW DID INJUR	RY OCCUR?	
the evi	dence obtained by ath in my opinion	ge of the	remains described at	ove, held an inspect ove, held an inspect aguiry, find that said of ∑, accident □, suicide 238. CHIEF MEDICAL ASSISTANT MEDICAL	Inspection or Inquiry deceased died on the □, homicide □, to EXAMINER□ 23	ne day stated above, indetermined [].
Z4A. BURIAL, C TION, REMOVAL (S		2	4c. NAME OF CEMETER	D. MEDICAL INVESTIGA		or county) (State)
DATE RECEIVED LOCAL REGISTI		to 9	RE 2 9/47	2 MISSING	of Health	ADDRESS
V S 151	40000			707		



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 2705

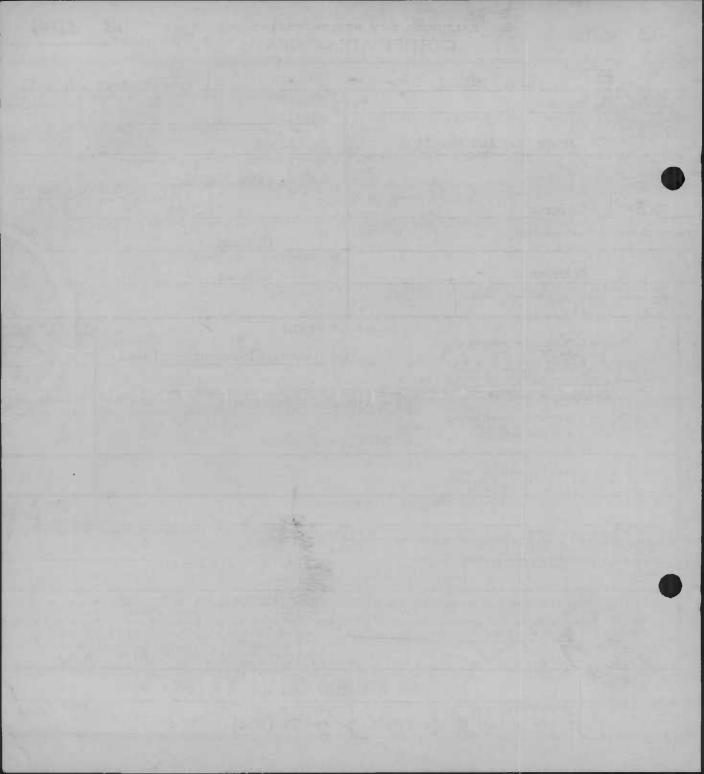
Registered No. BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE HENRY DEATH March 2, 1952 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH A. Baltimore City, Maryland A. STATE B. COUNTY before admissio Md. B. FULL NAME OF (If not in hospital or institution, give street address or location) (If outside corporate limits, write Rt RAL and g. INSTITUTION South Baltimore General Baltimore D. STREET ADDRESS (If rural, give location) Mos. ngth of stay in Baltimore Charles St. Days 9. AGE (in years If Under | Year | II Under 24 Hours | last birthday) Months Days Hours Min 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Male Colored 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY Unknown 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) SECURITY NO (Yes, no or unknown) INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Hemorrhagic pericarditis (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, XXXXXX injury or complication which caused death.) ANTECEDENT CAUSES Lobar pneumonia ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOFSY (If in Baltimore City, give exact location) 2.18 PLACE OF INJURY (e.g., in or 21A. EXTERN : CAUSE WAS UNDERLYING TO OR CONTRIBabout home, farm, factory, street, office bldg., etc.) UTING | CAUSE OF DEATH. 210. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? FINJURY WHILE AT NOT WHILE WORK AT WORK autopsy 22. I certify that I took charge of the remains described above, held an . Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above. and death in my opinion resulted from: natural causes 🕱 accident 🖂 suicide 🖂 homicide 🦳 undeterm ned 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER 23C DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR DATE RECEIVED BY ADDRESS LOCAL REGISTRAR V S 151



BALTIMORE CITY HEALTH DEPARTMENT CFRTIFICATE OF DEATH

52 2706 Registered No.

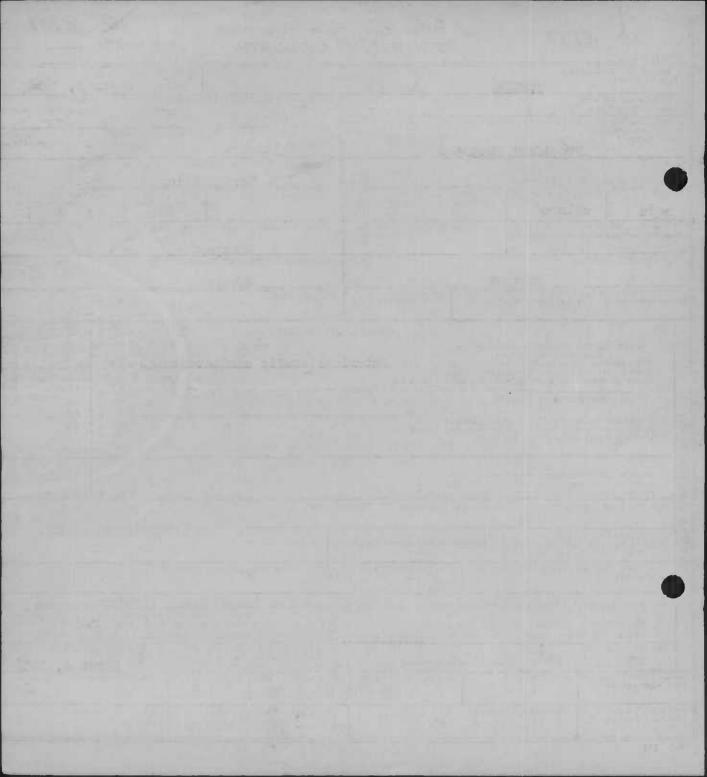
BIRTH NO.	4				
. NAME OF DECEASED Type or Print)				2. DATE OF	
ARLS	I WRIG	HT		DEATHFebru	
B. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE	(Where deceased lived.) B. COUNTY	If institution : residence before admissio
	al or instituti	ion, give street address or	Maryland	D. 0001111	Joseph adianasio
HOSPITAL OR		location)		If outside corporate lin	nits, write RURAL and gi
Johns Ho	pkins H	ospital	Baltimore	- 2	-O / Ptownshi
-	<u>*</u>	Yrs.	D. STREET ADDRESS ()	f rural, give location)	
O th . f . t D . lti		Mos.			
ngth of stay in Baltimore 6. SEX 6. COLOR OF RACE	1 7 615/61 6	Days	8. DATE OF BIRTH	9. AGE (in years)	If Under I Year II Under 24 Hou
Male Colored		ED, DIVORCED (Specify)	S. DATE OF BIRTH		Months Days Hours Min
OA. USUAL OCCUPATION (Give kind of			11. BIRTHPLACE (State or	foreign country)	12 CITIZEN OF
ork done during most of working life, even if retired)		INDUSTRY	Unknown		WHAT COUNTR
3. FATHER'S NAME	!		14. MOTHER'S MAIDEN		
					0 88 5
Unknown			Unknown	1	
15. WAS DECEASED FVER IN U.S. ARMEI (es, no or unknown) (If yes, give war or date	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
					- 1 -
heart failure, asthenia, etc. It med in jury or complication which antecedent cause (A) DISEASES OR CONDITIONS, I RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT	caused death SES F ANY, GIVIN STATING TH AST.	(B) Cardia (B) Cardia (C) periph	ac decompensation	n	
TO THE DISEASE OR CONDITION					
194. DATE OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY7
21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB- UTING [] CAUSE OF DEATH.	about home, f	CE OF INJURY (e. g., ir arm, fuctory, street, office hldg., e		(If in Baltimore City,	, give exact location)
21D. TIME (Month) (Day) (Year)		VHILE AT NOT WHILE AT WORK	ED 21F. HOW DID INJUI	RY OCCUR?	
22. I eertify that I took char	ue of the	remains described a	have held an inspect	tion & inquir	ry thereon and fro
the evidence obtained by and death in my opinion	said Auto	psy, Inspection or I	Autopsy nguiry, find that said . ▼, aceident □, suieid	deceased died on e	the day stated abou undetermined [].
Williams // Xove	XX	м.	23B. CHIEF MEDICAL ASSISTANT MEDICAL D. MEDICAL INVESTIGA	EXAMINER 🛛	3/1/52
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	0	24c. NAME OF CEMETER	EDICAL SCHOOL MAR 1	8 1952	n, or county) (State
DATE RECEIVED BY REGISTRAR LOCAL REGISTRAR	S SIGNATU	liams Not	25. FUNERAL DIRECTOR	I Realth	ADDRESS
S 151		Neger	1 1 1 1		, ,



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.-

52 2707

В	IRTH NO.			02:::::::::::::::::::::::::::::::::::::			
1.	NAME OF D	ECEASED				2. DATE	
		JOSEF	PH	JOHNSON		DEATH M8	rch 3, 1952
	. PLACE OF D. Baltimore (City, Maryland			4. USUAL RESIDENCE A. STATE	(Where deceased lived. B. COUNTY	If institution: residence hefore admission!
В.	B. FULL NAME OF I not in hospital or institution, give street address of				Maryland		
	HOSPITAL OR location				C. CITY OR TOWN	(If outside corporate lin	nits, write RURAL and give
-72	- 69	Provident	Hospit	al	Baltimore	13-6	township
F	4/11/11			Yrs. Mos.	D. STREET ADDRESS (If rural, give location)	
	ength of s	tay in Baltimore		Days	2256 Morri	s Alley	
5	. SEX	6. COLOR OR RACE	7. SINGL	E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	
	male	colored	*********	VED, DIVORCED (Speens)		73	Months Days Hours Min.
10	DA. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KIN	O OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
W 01	a done during most	or working the, even it retired/		INDUSTRY	Unkno	2.90	WHAT COUNTRY
1;	B. FATHER'S	NAME			14. MOTHER'S MAIDEN		
		Unkno	T.777		77-3		
15	5. WAS DECEAS	ED EVER IN U. S. ARMEI		I 16. SOCIAL	Unkno	wn	
(Ye	s, no or unknown)	(If yes, give war or date	s of service)	SECURITY NO.	17. INFORMANT		ADDRESS
_	1						Marinet Committee Co
	18. 4 - "	2.1		CAUSE	OF DEATH		ONSET AND DEATH
	8.5	SE OR CONDITION	DIRECTLY				ONSET AND DEATH
	(This does	LEADING TO DEA's not mean the mode of	TH duing a	g., (A) Arteri	osclerotic card	iove souler di	50050
	heart failt	ire, asthenia, etc. It mea	ins the disca	se,	a bart treet that and an bart about bart that the families floor Sure Fillending, bart, a	A.M. K. Silvari M. Malakaka	
	injury or	complication which o	eausod deat	h.) DUE TO			
		ANTECEDENT CAUS	SES				
Z	DISEASE	S OR CONDITIONS, IS	C ABIV CIVI	(B)	***************************************		
0	RISE TO T	HE ABOVE CAUSE (A)	STATING T	HE DUE TO			
AT	UNDERL	YING CONDITION LA	IST.	(C)			
CERTIFICATION							
出	OTHER S	II SIGNIFICANT CONDI	TIONS CO	N ·			
2		TO THE DEATH, BUT					
Ü				FINDINGS OF OPER	ATION	4.	20. AUTOPSY?
		0					YES NOX
CA	21A. EXTERN	NAL CAUSE WAS		ACE OF INJURY (e. g., in		(If in Baltimore City,	
EDICAL	UNDERLYIN	G OR CONTRIB-	about home,	farm, factory, street, office hldg., e	(c.) INJURY OCCUR?		
Σ	21D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRE	D 21F. HOW DID INJUI	RY OCCUR?	
	JF INSURT		m.	WHILE AT NOT WHILE			
h	22. I certi,	fy that I took char			bove, held an inspec	ction & inqui	Tythereon and from
	the evi	dence obtained by	said Auto	onsu Inspection or I	nquiry, find that said	deceased died on	the day stated above
	and de	ath in my opinion	resulted ;	from: natural causes	N, accident [], suicid	c , homicide ,	undetermined [].
	23A SIGNAT		1		238. CHIEF MEDICAL	EXAMINER	3c. DATE SIGNED
	Han		June	action M.	D. MEDICAL INVESTIGA	TOR	March 4. 1952
710 T10	AA. BURIAL, C ON, REMOVAL (S	REMAN 248. DATE		24¢, NAME OF CEMETER	RY OR CREMATORY 24D.		n, or county) (State)
-	ATE RECEIVE	D BY I BE SEE		100 His 100 A	A MEDICINE AGUADOR 1111411	+ () 1002	100000
	CAL REGIST		SIGNATU	the same	25. FUNERAL DIRECTOR	dr of Health	ADDRESS
V	S 151		0				



BALTIMORE CITY HEALTH DEPARTMENT

52 2708

BIRTH NO.			CERTIFICATI	E OF DEATH	Registered	1 190-
1. NAME OF DI		ECA 4.0		**	2. DATE OF	
3. PLACE OF DI		SAAC	FRIEDVA	N 4. USUAL RESIDENCE	DEATH Mai	rch 18, 1952
	lity, Maryland			A. STATE	B. COUNTY	before admission
B. FULL NAME	OF (If not in hospita	al or institut	ion, give street address or location)	Maryla:		mits, write RURAL and give
INSTITUTION	Maryland (eneral		Baltim	1 Care	township
4.1	7		Yrs.	D. STREET ADDRESS (hatana market
enoth of st	tay in Baltimore	50 v	ears Mos.		ollins Street	
5. SEX	6. COLOR OR RACE	7. SINGLE	E. MARRIED.	8. DATE OF BIRTH	9. AGE (in years)	If Under 1 Year If Under 24 Hours
male	white		ried (Specify)	Dec. 10, 1877	74	Months Days Hours Min.
	CUPATION (Give kind of f working life, even if retired)		OF BUSINESS OR	11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF
	Dealer	Propr	ietor	Russia		U.S.A.
13. FATHER'S N			(11)	14. MOTHER'S MAIDEN	NAME	
	Marvin Fried	nan		Mollie ?		
15. WAS DECEASE	D EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	`			Mrs. Rose Frie	dman 1037 H	ollins Street
18. 4. 24	1		CAUSE	OF DEATH		INTERVAL BETWEE
21.	SE OR CONDITION					ONSET AND CENT
(This does	not mean the mode of	of dying, e.	g., (A) Corona	ry artery diseas	se	
	re, asthenia, etc. It mes complication which of		se,			
	ANTECEDENT CAUS	SES		usion due to ar		LC
7			(B)	fovaserlar dise		
DISEASES	OR CONDITIONS, I HE ABOVE CAUSE (A)	STATING TI				
DISEASES RISE TO T UNDERLY	ING CONDITION LA	ST.	(C)		***********************************	
	11					
OTHER S	IGNIFICANT CONDI					
	SEASE OR CONDITION	CAUSING 1	Т.			
1 19A. DATE O	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		YES NO TO
Z 14 EXTERN	IAL CAUSE WAS	218. PLA	ACE OF INJURY (o. g., i	or 21c. WHERE DID	(If in Baltimore City	y, give exact location)
UNDERLYIN	G OR CONTRIB.	about home,	farm, factory, street, office bldg.,	tc.) INJURY OCCUR?		
El	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F, HOW DID INJU	IRY OCCUR?	
F INJURY	, , , , , , , , , , , , , , , , , , , ,		WHILE AT NOT WHILE			
22 Landi	C. 17 -4 7 4 - 7 - 7 - 7		WORK AT WORK	bove, held an inspe	ection & inqu	12 rest have and from
				Autops	y, Inspection or Inqui-	ry
the evi	dence obtained by	said Auto	opsy, Inspection or I	'nquiry, find that said ☑ X, accident □, suicid	deceased died on $\exists e \Box homicide \Box$	undetermined \(\pi\).
23A. SIGNAT		recontice ,	/	23B. CHIEF MEDICA	L EXAMINER	23c. DATE SIGNED
Wi	Min 110	boots	M	.D. MEDICAL INVESTIG	ATOR	March 18, 1952
24A. BURIAL, C	REMA: 248. DATE		C. NAME OF CEMETE	RY OR CREMATORY 24D	LOCATION (City, tov	wn, or county) (State)
Burial		2.	Shaarei Zion	Cong. Rosedale	Baltimore,	Maryland
DATE RECEIVE			Shring- M3?	25 FUNERAL DIRECTO	Bus 1124-26.	N. North all
V S 151	1	-	90	1 1		
			at my	2 M		- 10

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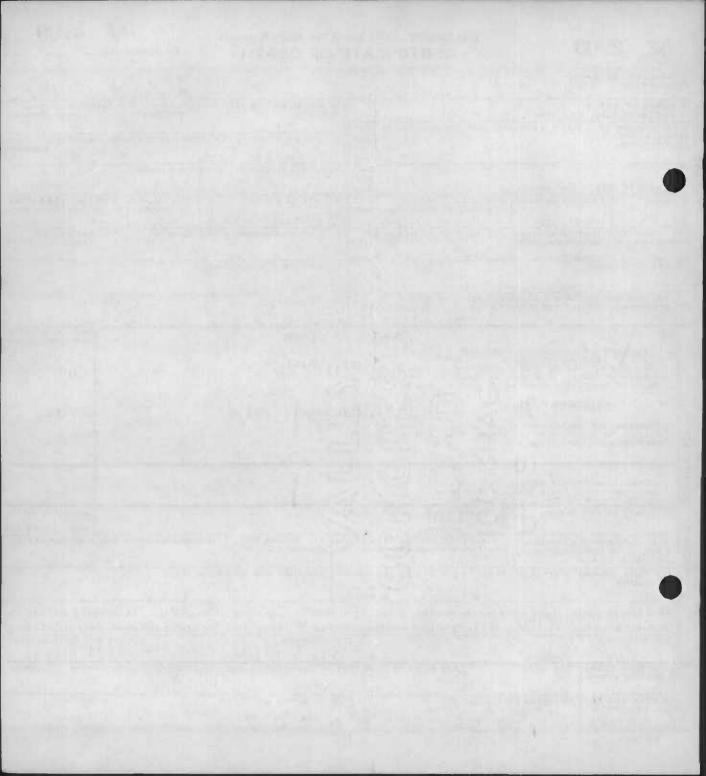
See Document File 52-2708

Registered No.__

.52	2709
* P. B.	Land L. Chich

CERTIFICATE OF DEATH

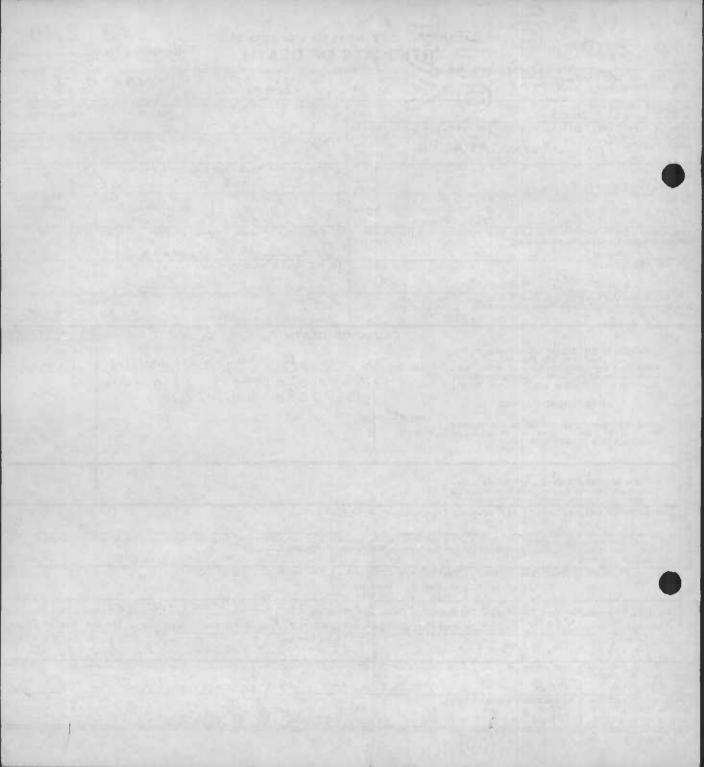
BIRTH NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE OF DEATH MM - 19 - 1952
B. FULL NAME OF (If not in hospital or institution, give street additions of	A. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission)
HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
ngth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	B. DATE OF BIRTH 9. AGE (An years) If Under 1 Year If Under 24 House
WIDOWED, DIVORCED (Specify)	See 18 - 18 - 1869 Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND) OF BUSINESS OR 1ND USTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yea, no or unknown) (If yea, give war or dates of service) SECURITY NO.	17. INFORMANTA
18. 2.5.4 X CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	Truman Mistan other 3-19h
ANTECEDENT CAUSES	male man Parkal.
DISEASES OR CONDITIONS, IF ANY, GIVING	is elevinis semb cel white
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in about home, farm, factory, street, office bidg., e	
LAUSE OF DEATH 2 to TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from 29	3 De , 19 D, to B MW , 195L, that I last saw the
	red at W. 131 m., from the causes and on the date stated above
Monthly Joshum M. D.	1513 N. MIKW DW 18 MW 52
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	No. 1. O B B M. N.
DATE RECEIVED BY REGISTRAR'S SIGNATURE, LOCAL REGISTRAR	25. FUNERAL DIRECTOR ADDRESS
MAR 1919 Thytustor Williams, M.P.	The Milly Tre-2435 & Oliny ST
VS 150	



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	16	5
Registered	No.	

BIKIN NO.						
1. NAME OF DECEASED Rich	ARUSON, DR	William 2. DATE MARC.	H 18 1952			
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)				
B. FULL NAME OF (If not in hospital of	r institution, give street address or	Maryland				
HOSPITAL OR PI'NE CREST.	SANATARIU W	C. CITY OR TOWN (If outside cornarete limits, wr	township)			
	Yrs.	o. STREET ADDRESS (If rural, give location)	1,			
c. Length of stay in Baltimore	Mos. Days	2300 Cast Preston Lt	Test			
5. SEX 6. COLOR OR RACE 7	. SINGLE, MARRIED.		Year If Under 24 Hours			
Male Ithite	Married (Specify)	Dec. 1,1874 75	Days Hours Min.			
IOA. USUAL OCCUPATION (Give kind of rork done during most of working life, even if retired)	OB. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT COUNTRY?			
Dentist	dels	Hayland Michigan	WIIAT COOKINGT			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
Marion Richar	dson	Susan Huntley				
15. WAS DECEASED EVER IN U. S. ARMED FO (Yes, no of unknown) (If yes, give war or dates of	ORCES? 16. SOCIAL service) SECURITY NO.	17 INFORMANT ADDR	ESS			
no	SECORITI NO.	Jelen Richardson 2300	E. Treston &			
18. 1914	CAUSE	OF DEATH	INTERVAL BETWEEN			
100		OI BEATH	ONSET AND DEATH			
DISEASE OR CONDITION DIS	Aute	er of Left MAXILLA IVEAR				
(This does not mean the mode of d heart failure, asthenia, etc. It means			LYPAR			
injury or complication which caus	sed death.) OUE TO WIT	h metasteses to glands				
ANTECEDENT CAUSES	belo	W IEFT MANDI ble				
Z	(B)					
DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) ST	NY, GIVING					
UNDERLYING CONDITION LAST.	ATING THE DUE TO					
<u>0</u>	(C)		******************************			
OTHER SIGNIFICANT CONDITION						
TRIBUTING TO THE DEATH, BUT NO						
194. DATE OF OPERATION 198	MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?			
₹			YES NO			
	218. PLACE OF INJURY (e. g., is		exact location)			
LYING OR CONTRIBUTING	bout home, farm, factory, street, office bldg., e	injury occur?				
D. TIME (Month) (Day) (Year) (H	our) 21E. INJURY OCCURRI	ED 21F. HOW DID INJURY OCCUR?				
INSURY	m. WHILE AT NOT WHILE					
22. I hereby certify that I atten	ded the deccased from Fel-	my 21, 1952, to MARCHIE, 1952, th	at I last saw the			
deceased alive on HARCH /8, 1952, and that death occurred at 5.45Pm., from the causes and on the date stated above.						
23A. SIGNATURE	0 , 2		BC. PATE SIGNED			
1.000-1	riler M. D.	5000 Old tredenk Roud	3/18/52			
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)	24C. NAME OF CEMETE	RY OR CREMATORY 240. LOCATION (City, town, or e	ounty) (State)			
Burial 3-22 - 5	2 Hoodlan	on Cem Hundson Thell Re	d. Ballo-Mid			
DATE RECEIVED BY REGISTRAR'S	SIGNATURE	25. FUNERAL DIRECTOR AD	DRESS			
LOCAL REGISTRAR Hunting	ton Williams M.J.	Jal & Midle Jus - 24351	Clever st			
WAF 9 1932 7	Witheans, 13, 1	Julius illinanda ve vi 200				
VS 150						

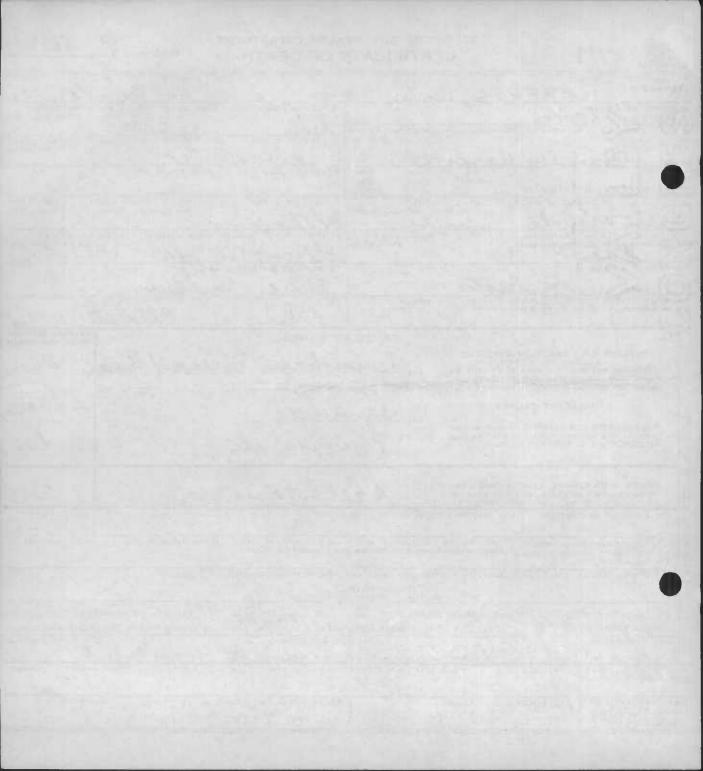


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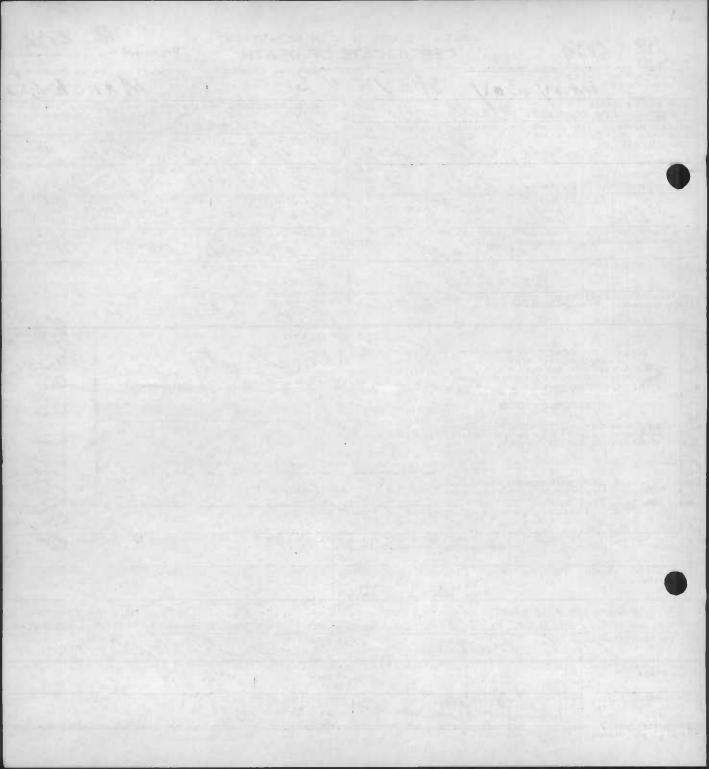
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 2/11

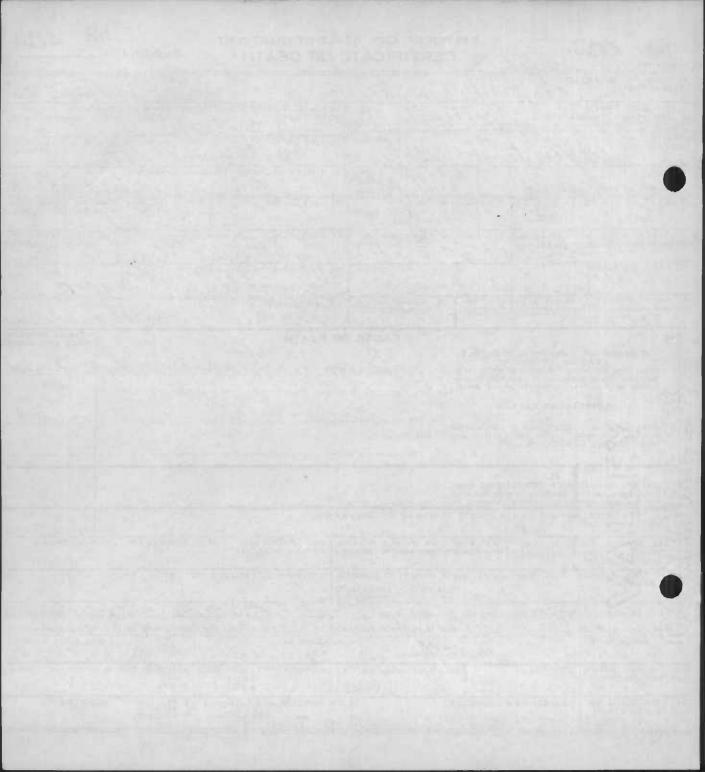
BIRTH NO.						
1. NAME OF DECEASED (Type or Print) ROBERTS Baby Bo	2. DATE OF BEATH 3/6/1952					
A. Baltimore City, Maryland	A. STATE B. COUNTY before admission					
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give					
huiversity Hospital	D. STREET ADDRESS (If rural, give location)					
c. Length of stay in Baltimore 6 Days	D. STREET ADDRESS (If rural, give lacation)					
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years If Under I Year If Under 24 Hours Months Days Hours Min.					
IOA. USUAL OCCUPATION (Give kind of OF BUSINESS OR Ork done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF					
Caby	Ellicott Cety, Md. 4.S.A.					
Raskii Roberts	Fllie Mullins					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Forther Ellicotility Ma					
18. 771. 5 CAUSE	OF DEATH INTERVAL SETWEEN ONSET AND DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	rollagie Disease of New & Show					
injury or complication which caused death.) DUE TO						
ANTECEDENT CAUSES (B) Janualie 240						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. O(C) Primalual (C)						
11						
OTHER SIGNIFICANT CONDITIONS CON-	electaris 6 days					
19A, DATE OF OPERATION 19B, MAJOR FINDINGS OF OPER						
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.						
O. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRINJURY	RED 21F. HOW DID INJURY OCCUR?					
m. WHILE AT NOT WHILE AT WORK						
22. I hereby certify that I attended the deceased from 3/3, 1933 to 3/6, 1952 that I last say deceased alive on 3/6, 1952, and that death occurred at 10: 47m. from the causes and on the date stated at						
	23B. ADDRESS 23C. DATE SIGNED					
24A. BURIAL, CREMA- TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETE	ERY OR CREMATORY 246. LOCATION (City, town, or county) (State)					
ANNY THEOL	MS AURA SCHOOL MAR 1 8 1952					
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR MAR 9 152	25. FUNERAL DIRECTOR ADDRESS					
VS 150	le Vallevan					



315	
	2712
BIRTH NO. 52-95004 CERTIFICATE OF DEATH Registered No.	
1. NAME OF DECEASED (Type or Print) BA/BY BOW STEVENS	RCh 3,50
3. PLACE OF DEATH: A Baltimore City, Maryland Baltismone, Md. 4. USUAL RESIDENCE (Where deceased lived, If inst	titution: residence before admission
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION C. CITY OR TOWN (If outside corporate limits, w	rite RURAL and give
Mulevery to spital Pallenne, Mo	The township
Length of stay in Baltimore love 2 Mays 3 NOM ples Rd -	#20
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years Hilling) Month Month	el I Year s Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of los. KIND OF BUSINESS OR work done during most of working life, even if settled) 108. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) 12	CITIZEN OF
13. FATHER'S NAME STEVENS 14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. MOY Cabrul 3 Was	MPURD.
18. 776 X I CAUSE OF DEATH	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	2 days
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
11 (C)	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	exact location)
M M	
10. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE	
22. I hereby certify that I attended the deceased from Much 1, 195 70 Much 3, 1972, t	hat I last saw the
deceased alive on MACK-31952, and that death occurred at 1:00Am., from the causes and on the	date stated above 3 0. PATE SIGNED
1 6. Matthews M.D. Unlessely StoSketas	1/1/NCL357
24A. BURIAL, CREMA- 24B. DATE 24C, NAME OF CEMETERY OF CREMATORY 24D. LOCATION (My, town, or TION, REMOVAL (Specify) AR 18 1952	
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR Tuntington Huliaure, M. 25. FUNERAL DIRECTOR 10 16111111 AI	DDRESS
MARVE \$1952	

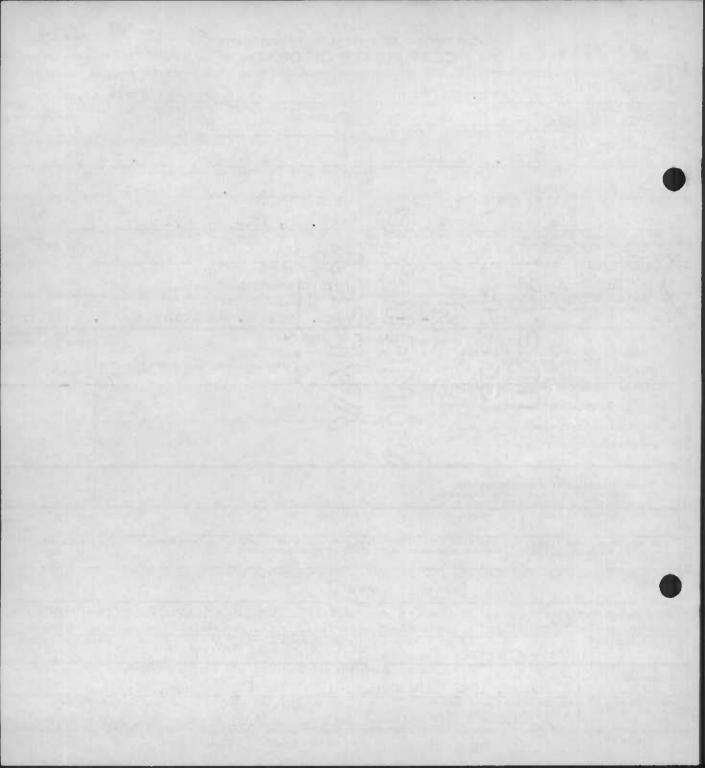


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52 2713 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Regist	52 2713 tered No.
1. NAME OF DECEASED (Type or Print) PROOK BOLLEVILLE OF DEATH	munch 1 52
A. Baltimore City, Maryland Calturne M. A. STATE	
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION (If outside corpora	ate limits, write RURAL and give
D. STREET ADDRESS (15 rural, give local	110.
5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED 8. DATE OF BIRTH 9. AGE (In y last birth)	
10A USUAL DECUPATION Give binded 10B (IND OF DIRENTESS OF 11 BIRTHEL ACTISTICS OF STREET	Months Days Hours Min.
work done during most of working life over if retired to fart Baltimie, Mil	V. SYHAT COUNTRY
William Crock Heralden (Jamm!
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service)	- Pennedinia
18. 50/X DISEASE OR CONDITION DIRECTLY	INTERVAL BETWEEN ON ET AND DEATH
(This does not mean the mode of dying, c. g., heart failure, asthenia, etc. It means the disease.	mehit I ely
injury or complication which caused death.) DUE TO ANTECEDENT CAUSES	
Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	Zwak
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED	
19A. DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21B. PLACE OF INJURY (c. g., in or INJURY OCCUR?) (If in Baltimore INJURY OCCUR?)	City, give exact location)
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE	FLEITH TO
22. I hereby certify that I attended the deceased from TMWCL 1, 1952, to March!	, 1962, that I last saw the
deceased alive on Much 1952 and that death occurred at 2:3 Pm., from the causes and 23A. ADDRESS - 23B. ADDRESS -	d on the date stated above. 23c. DATE SIGNED
24A. BURIAL, CREMA- AB. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (CIT)	Phyl Mall 52 y, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR OF USAN	ADDRESS
LOCAL REGISTRAN	A
VS 150	

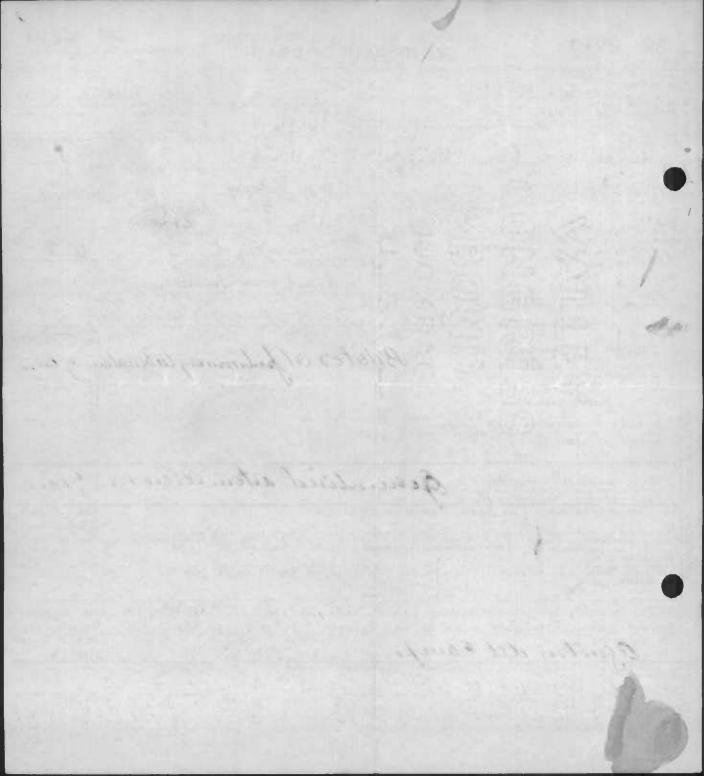


213		5.0
52 2714	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH	Registered No.

52 2714	CERTIFICATI	E OF DEATH Registered	No			
1. NAME OF DECEASED		2. DATE				
(FD The to-A)	ter W. McFadden	0.77	h 17, 1952			
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If A. STATE B. COUNTY Maryland				
HOSPITAL OR INSTITUTION	ital or institution, give street address or location)	C. CITY OR TOWN (If outside corporate limi	ts, write RURAL and give township)			
629	W. 38th Street	Baltimore / > =	0/			
c. Length of stay in Baltimore	Life Mos. Days	829 W. 38th Street				
5. SEX 6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	Aug. 21, 1880 9. Age (In years last birthday) 71	Il Under I Year onths Days Hours Min.			
10A. USUAL OCCUPATION (Give kind over k done during most of working life, even if retired Janitor		11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S. A			
13. FATHER'S NAME	10212	14. MOTHER'S MAIDEN NAME	0 0 11			
Frank McFadden		Frances Smith				
15. WAS DECEASED EVER IN U. S. ARMI (Yes, no or unknown) (If yes, give war or da	ED FORCES? 16. SOCIAL SECURITY NO. 215-09-3135		W. 38th Stree			
injury or complication which ANTECEDENT CAU DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION I OTHER SIGNIFICANT CONE TRIBUTING TO THE OEATH, BU	ISES IF ANY, GIVING) STATING THE DUE TO AST. (C)					
TRIBUTING TO THE OEATH, BUTO THE OISEASE OR CONDITION						
19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDER-	198. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?			
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?					
D. TIME (Month) (Day) (Yea	m. WHILE AT NOT WHILE					
22. I hereby certify that I a deceased alive on wor.	91/	may 1951 to May 17, 195 rred at 12 2 m., from the eauses and on the sales and on the sales and the sales and the sales and the sales are the sales and the sales are the	that I last saw the the date stated above.			
24A. BURIAL. CREMA- TION. REMOVAL (Specify) Burial March	24c. NAME OF CEMETE 20, 1952 New Cathed:	RY OR CREMATORY 240. LOCATION (City, town	n, or county) (State)			
DATE RECEIVED BY REGISTRAN	R'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS			
VS 150 81/2	0 220/2	Horace 4: Burace				



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		11 A E	BAL	TIMORE CITY HE	ALTH DEPARTMENT	52	2715
	52 6	2745		CERTIFICATI	E OF DEATH	Registered No.	
_	RTH NO.						
	NAME OF D		Clem			2. DATE OF DEATH 3	52
	PLACE OF D		/		4. USUAL RESIDENCE	(Where deceased lived, If inst	itution: residence before admission)
	FULL NAME		al or instituti	ion, give street address or		5. 6661411	Derore administrary
H	STITUTION			location)	C. CITY OR TOWN	If outside corporate limits, w	rite RURAL and give
5	Jouth D	altimore 6	eneral	blos pital	Tallimore .	2-1-0) P www.smp)
ľ				39 Yrs.	D. STREET ADDRESS (If rural, give location)	
6		tay in Baltimore		Days	1026 Kidgely	34.	
5.	SEX	6. COLOR OR RACE		E. MARRIED. PED, DIVORCED (Specify)	8. DATE OF BIRTH	ABOUT day) Month	of 1 Year It Under 24 Hours Hours Min.
	Male	white	M	arried	112	61 years	
TO WOL		CUPATION (Give kind of polyorking life aven if retired)		Seff, INDUSTRY	11. BIRTHPLACE (State of	,	. CITIZEN OF WHAT COUNTRY
Co	rectory	Junk	5701	259	margique		03
13	FATHER'S	NAME			14. MOTHER MAIDEN		/
	Charles	Clem	111		anne May	une_	./_
	. WAS DECEASI	ED EVER IN U. S. ARMED (If you, give war or dated		16. SOCIAL SECURITY NO.	17. INFORMANT	. 7.	RESS
				NONE	Edith Grem	1026 Kidge	7
	18. 00 2	X		CAUSE	OF DEATH		ONSET AND DEATH
		SE OR CONDITION		Rola	tomal11	t-1.	- 1-1-
	(This does not mean the mode of dying, e.g., (A) 18/0/0/ peilirmining lublically gail						
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO						
		ANTECEDENT CAUS	ES				
z				(B)			
TION	RISE TO T	S OR CONDITIONS, II	STATING TH				
CA	UNDERLY	YING CONDITION LA	ST.	(C)	***************************************	.,	
E						/ 0	
ERTI	OTHER S	II SIGNIFICANT CONDI	TIONS CON	. Presilin	listed arter	is selled tis	Jenes.
CEI		TO THE DEATH, BUT		- W			
				FINDINGS OF OPER	RATION		20. AUTOPSY?
AL							YES NO
EDICAL	21A. ACCIE LYING O CAUSE OF	DENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., i ferm, factory, street, office bldg.,		(If in Baltimore City, give	exact location)
Σ		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJU	IRY OCCUR?	
	INJURY		m.	WHILE AT NOT WHILE			
	22 I hand	tifn that I att			links 10 to	3/15/52 19	hat I last sam th
		22. I hereby certify that I attended the deceased from \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\					
	deceased a		1 13,		23B. ADDRESS		23c. DATE SIGNED
H	60	guztrei a	le e	accepto M.D.	1213 hight S.	L .	slulsa
	BURIAL		/	24C. NAME OF CEMETE	RY OR CREMATORY 240	LOCATION (City, town, or	county) (State)
1	Juna (S	E March.	21/52	Holy 6	21032 (344	uule	
D	ATE RECEIVE	D BY REGISTRAR	SIGNATI	RE	25. FUNERAL DIRECTO	RA	DDRESS
1	MAR 1-97	952 Hunting	ton W	Maus Als	Demand 6.	Hairle 1216	WEST OF
	VS 150	0		of a	10		
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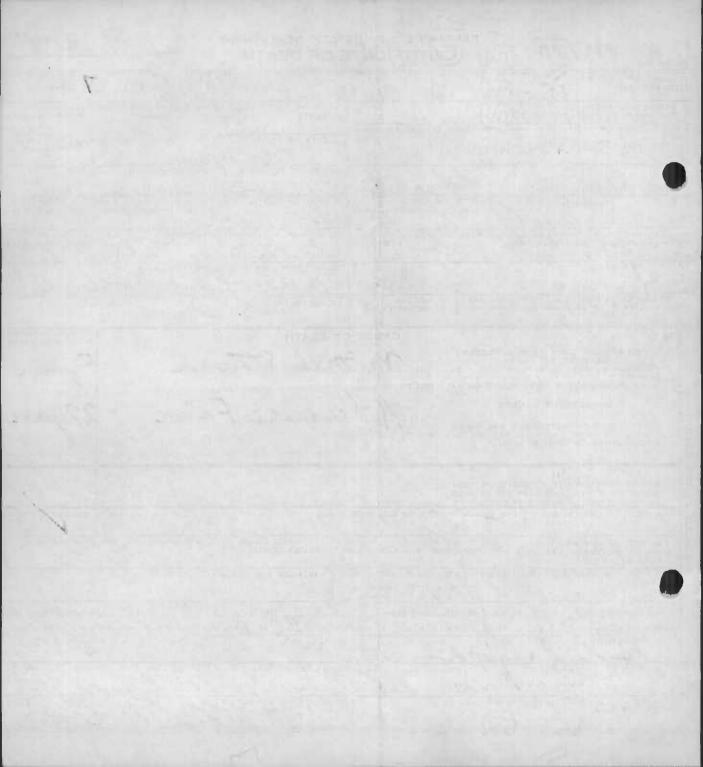
5.	35.		E0	Church -
	52 2746 CERTIFICAT	EALTH DEPARTMENT E OF DEATH	Registered No.	2716
1. N	TH NO DECEMBED AND AND. ON		2. DATE	15 10
	LACE OF DEATH: caltimore City, Maryland	4. USUAL AESIDENCE (Whe	ere deceased lived. If inst.	tution: reddence before admission)
HOS	ULL NAME OF (If not in hospital or institution, give street address or IDCATION IDCATI		kide corporate limits, wi	rite RURAL and give
1	1114 Drived Helf line,	D. STREET ADDRESS (If run	ral, give location)	1-02
5.5	ength of stay in Baltimore 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCES (Specify	8. DATE OF BIRTH	AGE (In years If Undo	Year If Under 24 Hours
7c	wall Colord Lingle USUAL OCCUPATION (Givekindo) 10B. KIND OF BUSINESS OR	SLOT. 2/198	last birthday) Months	CITIZEN OF
work d	melating most of working 15th, of en if retired) Notes of the state o	hatural or	idge, 19	WHAT COUNTRY
	Flucy anthony	Healer Of	In Sick	
15. (You,	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 OCIAL SECURITY NO.	TT/NFORMANT	HI STORY	Estates?
	B. LICAL CAUSE DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	of DEATH The Heat	seel	INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES	en une serle		minh
CATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	alato Selm	26	9
CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
_	9A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
EDICA	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING blowt home, farm, factory, street, office bldg.		in Baltimore City, give	exact location)
Σ	INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURS WHILE AT NOT WHILE		OCCUR?	
	22. I hereby certify that I attended the deceased from	- 7 , 195 2,10 3		nat I last saw the
	deceased alive on 9 7, 19 and that death occu	23B. ADDRESS	causes and on the d	ate stated above. BC. DATE SIGNED
24A TION	BURIAL CREMA- 24B. DATE 24C NAME OF CEMETE REMOVAL (Specify) 3-19-19-2 A atura	Bridge Cla	Lateral B	rilus (State)
DAT	1 100 000	35. ENDERAL DIVECTOR	L'unera	l Dikon
-	VS 150 7208	A		

NOT A MEDICAL EXAMINER'S CASE

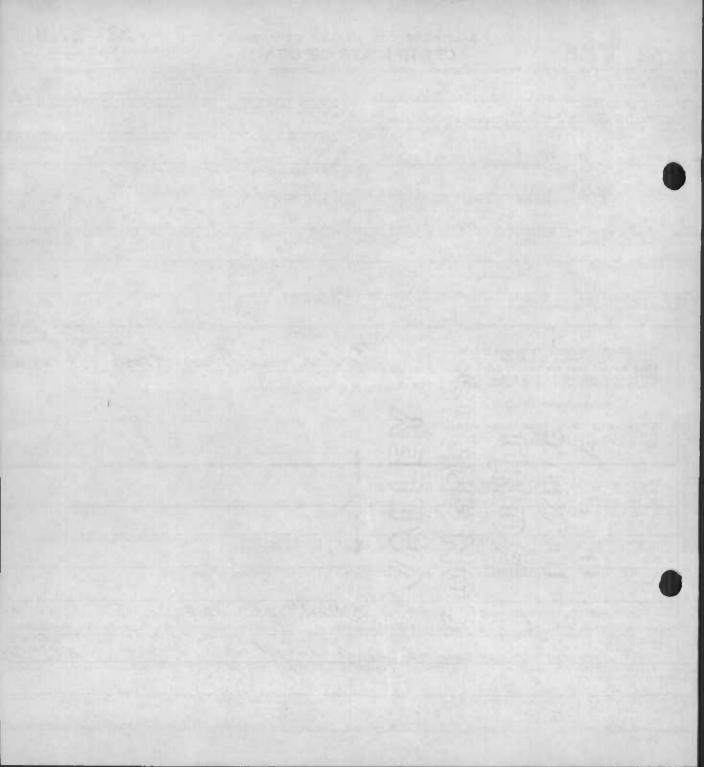
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CHIEF OR ASS T. MCDICAL EXAMINER

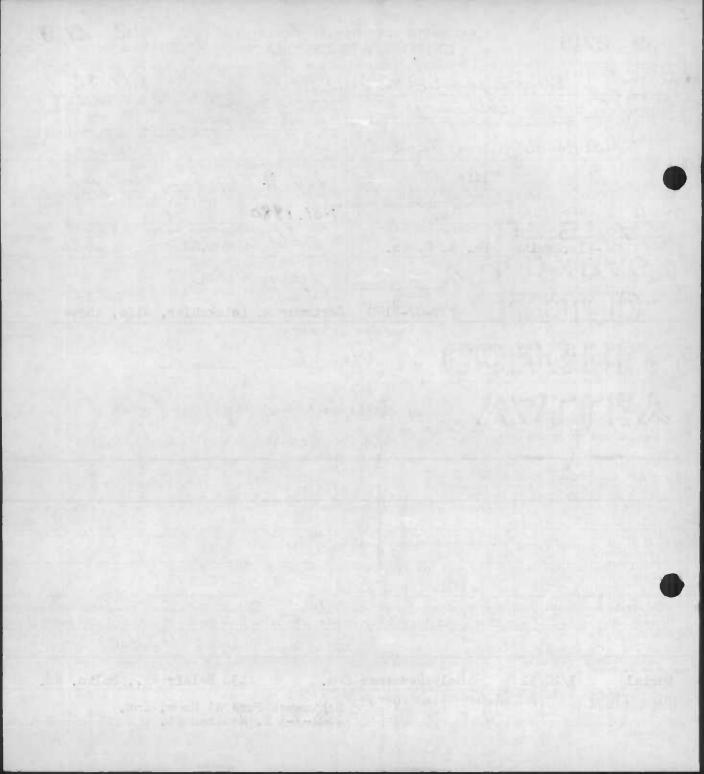
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ed	BAL	TIMORE CITY HE	ALTH DEPARTMENT	.52	2747
52 2717 BIRTH NO.			E OF DEATH	Registered No	5/1/
1. NAME OF DECEASED (Type or Print)	homas.	J. Smit	t JR	2. DATE MAR	17 1952
3. PLACE OF DEATH: A. Baltimore City, Mary		10 pl 2	4. USUAL RESIDENCE		stitution : residence before ndmission)
HOSPITAL OR -	ot in hospital or institution	location)	c. CITY OR TOWN (I	f outside corporate limits,	write RURAL and give
INSTITUTION JOHNS	HOPKINS HOSPIT		BALTIN	10re /4-	- O township)
anoth of stay in Pal	timono 3	A Mus Mos.	D. STREET ADDRESS (II	frural, give location)	_
5. SEX 6. COLOR	OR RACE 7. SINGLE.		8. DATE OF BIRTH		der 1 Year If Under 24 Hours
male col	ored	DIVORCED (Specify)	6-27-12	39	hs Days Hours Min.
10A/SYAL OCCUPATION work done during most of working life, a	(Girekind) 10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or)	foreign country)	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	1	161	14. MOTHER'S MAIDEN	JAME 1	w.s.a.
Thomas	114/	neth	marcell	ia Mar	lowe
15. WAS DECEASED EVER IN (Yes. no or unknown) (If yes. giv	U. S. ARMED FORCES? e war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	HOPKINS HOSPITA	DRESS
18. 410 X		CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR COM	NDITION DIRECTLY TO DEATH	Ma à	toul Stern		ONSE! AND DEATH
(This does not mean theart failure, asthenia,	the mode of dying, e.g. etc. It means the disease,	(A)	are len	MAL	2 yours
	n which caused death.)	DUE TO	-		
_	ENT CAUSES	(B) // 7	cumatic F	ever	27uan
	ITIONS, IF ANY, GIVING				
ONDERETTING CONE	DITION LAST.	(C)			
	11				
TRIBUTING TO THE DE	T CONDITIONS CON-				/
19a. DATE OF OPERAT	CONDITION CAUSING IT.	FINDINGS OF OPERA	ATION		20. AUTOBSY?
N N	7				YES NO
21a. ACCIDENT WAS LYING OR CONTRIB	OLADCIA.	CE OF INJURY (e. g., in m, factory, street, office bldg., et	tor 21c. WHERE DID (bc.) INJURY OCCUR?	If in Baltimore City, giv	e exact location)
D. TIME (Month) (DINJURY		1E. INJURY OCCURRE	21F. HOW DID INJUR	Y OCCUR?	
		WORK NOT WHILE			
22. I hereby certify t	hat I attended the d	cceased from R-		-17-,1952	that I last saw the
deceased alive on 3	, 190 4 a	nd that death occur	3B. ADDRESS	the causes and on the	date stated above.
1/1	1 malas	М. D.	JOHNS HOLKINS	HOSHIAL	2/1/1/52
11012 REMOVAL (Sporty)	DATE 1955	C. NAME OF CEMETER	RY OR CREMATORY 24D. L	OCATION (City, town, or	county) (State)
	GISTRAR'S SIGNATUR	RE	26 FUNERAL DIRECTOR	al June	edest of
MAR-I SISJE I	+ to Will	E. DAG 1	7631 Dr	aid Ale	U ans
V\$ 150	8	0948	T		



)	00									
В	RTH NO.	271	8	BAI		REALTH DEPARTMENT		52 stered No.	27	18
	NAME OF Type or Print		Savi	no V.	Musso		2. DATE OF DEATH	Marc	h17	-1952.
Α.	PLACE OF Baltimore	City, M	laryland	alten	ion, give street address	4. USUAL RESIDENCE	(Where deceased B. COU			residence e admission)
H	OSPITAL OF	2	in not in nospit	or institut	lon, give street address of location		If outside corpor	rate limits, w	rite RUR	AL and give township)
	Quarth of	etaw in	Baltimore	aca	Yrs. Mos	1 3,4 M P	If rural, give loca	ntion)		
5.	SEX	-	OR OR RACE	WIDOW	Day E. MARRIED. VED. DIVORCED (Specif	8. DATE OF BIRTH	9. AGE (In	years H Und day) Month	s Days	If Under 24 Hours Hours Min.
			ION (Give kind of life, even if rotired)		O OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or	foreign country) 12	CITIZE WHAT	N OF COUNTRY
13	FATHER'S	NAME	Di Pie	tue	Climber!	14. MOTHER'S MAIDEN	NAME			
			IN U. S. ARMEI		16. SOCIAL SECURITY NO.	17. INFORMANT Bree Muse	s o I have	ADD	RESS	md.
ERTIFICATION	OISE (This do heart fa injury of the control of the	LEADINGS not me ilure, asthor complice ANTEC	CONDITION NG TO DEATHER TO DEATHE	FH dying, e. g ns the diseas aused death SES F ANY, GIVIN STATING TH	(A)		nmt	Poio		AL BETWEEN
CERTIFI	TRIBUTI	NG TO TH	11 CANT CONDI E OEATH, BUT OR CONDITION	NOT RELATE	D					
	19A. DATE			_	FINDINGS OF OPE	RATION			20. A	UTOPSY?
1EDICAL		OR CONT	AS UNDER-		ACE OF INJURY (e. g. farm,factory,street,office bldg		(If in Baltimor	e City, give	exact lo	ocation)
Σ	O. TIME		(Day) (Year)	` '	21E. INJURY OCCUR WHILE AT NOT WHILE WORK AT WORK	E	RY OCCUR?			
	22. I her deceased 23A. SIGN	alive on	fy that I att	ended the	deceased from	ereds, 14, 19 , to	the causes ar	nd on the		ited above.
TI	4A. BURIAL ON, REMOVAL	(Specify)	24B. DATE	1-1952	Mew Calho	deal Cometey Ol	LOCATION (CI	ich Rd.	Balt	(State) - MA
N/A	AR 1 9	STRAR	Huntin	1- 1/	Vellistus Mis	25. FUNERAL DIRECTOR	c. 2013 Sh	eluman	ut (Tues
	VS 150	W 2			59	046	1657			



5	524			
	BALTIMORE CITY	Y HEALTH DEPARTMEN	т 52	2719
В	52 2719 CERTIFIC	ATE OF DEATH	Registered No_	
1.	NAME OF DECEASED Tollward John LEIMK		2. DATE OF DEATH 3./7.	
Α.	PLACE OF DEATH: Baltimore City, Maryland Baltimore FULL NAME OF (If not in hospital or institution, give street addr	A. STATE	Where deceased lived. If inst B. COUNTY	itution : residence before admission)
H		ation) C. CITY OR TOWN	(If outside corporate limits, w	rite RURAL and give township)
	life	Yrs. D. STREET ADDRESS (If rural, give location)	# 5
	male white WIDOWED, DIVORCED (S	8. DATE OF BIRTH 7.31.1880	9. AGE (In years last birthday) Months	
1 C	A. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS Co. INDU Pa. R. R. Co.		r foreign country) 12.	CITIZEN OF WHAT COUNTRY?
13	Malmas Leimkuhler	14. MOTHER'S MAIDEN Way Was	NAME	
	5. WAS DECEASED EVER IN U, S. ARMED FORCES? 4, no or unknown) (If yes, give war or dates of service) 717-07-719	O Gertrude M. Lei	mkuhler, wife, a	
RTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	bremia bremia ardiae deeony ld mypeardial	Leusation infarction	ONSET AND DEATH
CE	TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF	OPERATION		20. AUTOPSY?
AL				YES NO
MEDICAL	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, at reet, office CAUSE OF DEATH		(If in Baltimore City, give	exact location)
_		CURRED 21F, HOW DID INJU	RY OCCUR?	
	22. I hereby certify that I attended the deceased from- deceased alive on 3. (7., 19.5%, and that death	3.12. 19.52to	3.17,1952t	hat I last saw the
	deceased alive on 3.(7., 19.5%, and that death	occurred at 10 3 a.m., from 22B. ADDRESS D. Maryland Sene	i the eauses and on the cond Hospital 2	date stated above. 3c. DATE SIGNED 3.17.52
Z. TI	4A. BURIAL CREMA- 248 DATE 24C. NAME OF CE Burial 3/20/52 Holy Redeem	METERY OR CREMATORY 24D.	Belair Rd., Bal	
LO	ATE RECEIVED REGISTRAR & SIGNOWRY MIALUS	Schimunek Funer	R AC	DDRESS
	VS 150	CO. Mad	appli by.	



RI	52 RTH NO.	2120	BA	CERTIFICAT			Registered No.	2 270
1.	NAME OF D	ECEASED AW	RENC	ET. JOH	NSON		ATE DF 17M	1 AR 52
	PLACE OF D	EATH: City, Maryland			4. USUAL RESIDI	ENCE (Where de		titution: residence before admission
B. H(tal or institu	ntion, give street address or location)	4 4 4 4 4	ND		rite RURAL and give township
c.	Length of s	tay in Baltimore) S D /	46 years Days	D. STREET ADDRE	UWAAA	ve location) AUE - 1	/.
	M	6.COLOR OR RACE	WIDO	E. MARRIED. WED, DIVORCED (Specify) ARRIED	JAN 6 18		E (in years Unc t birthday) Month	or 1 Year H Under 24 Hours B Days Hours Min.
re	tired Me	CUPATION (Give kind of working life, even if retired rchats Termi)]	D OF BUSINESS OR INDUSTRY ationery	Solomons	LAND	ountry) 12	WHAT COUNTRY
13	. FATHER'S	NAME	Engir	meer Corp.	14. MOTHER'S MA	Λ Λ	A	
15	. WAS DECEASE	DENT JOHN	SON D. FORCES?	16. SOCIAL	117	ICE AB	BOTT	
(Ye	(LADUIN	(If yes, give war or dat	es of service)	SECURITY NO.	Vera Johns	ion w	-1	RESS
ERTIFICATION	(This does heart failu injury or DISEASES RISE TO TUNDERLY	SE OR CONDITION LEADING TO DEA not mean the mode re, asthenia, etc. It me complication which ANTECEDENT CAU S OR CONDITIONS, HE ABOVE CAUSE (A) I'NG CONDITION L III IGNIFICANT COND	TH of disce caused deat ses ca	8., (A) CILCUL (B)		e Cause UD	DETERM WED	12 Rus
U	TO THE O	ISEASE OR CONDITIO	N CAUSING					20. AUTOPSY?
SAL								YES NO
IEDICAL		ENT WAS UNDER. R CONTRIBUTING DEATH		ACE OF INJURY (e. g., i , farm, factory, atreet, office bldg.,			ltimore City, give	exact location)
M	O. TIME	(Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID	INJURY OCCU	IR?	
		y certify that I at		•		4to 174	er, 1952,	hat I last saw th
	deceased at		_, 1951/_	and that death occur	red at p m.	, from the caus	1	date stated above 23c. DATE SIGNED 17Mar 52
24	Burial (S	Peeify Mar. 21	1952	24c. NAME OF CEMETE Baltimore Ceme	RY OR CREMATORY			eounty) (State) St.Balto.Md.

North Ave. & Rose St. Balto, Md.

VS 150

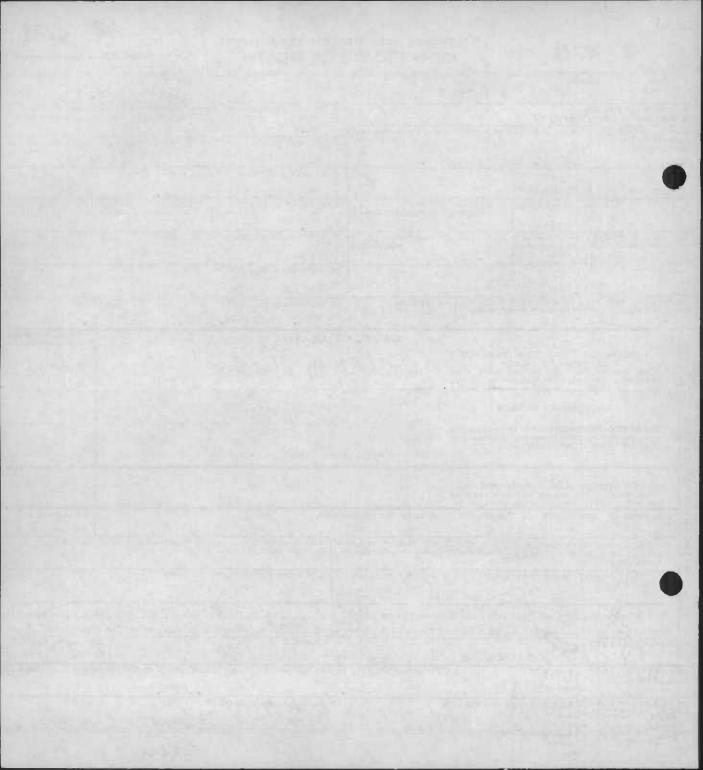
DATE RECEIVED BY LOCAL REGISTRAR

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

2721 Registered No. BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE OF THERESA L. WILSON 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) A. STATE ild. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION (ownship) 1400 W. Lexington St. Baltim re D. STREET ADDRESS (If rural, give location) Yrs. Mos. 1400 W. Lexington St. c. Length of stay in Baltimore 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years | H Under | Year | H Under 24 Hours | last birthday) | Months | Days | Hours | Min. WIDOWED, DIVORCED (Specify) female white single Aug. 8. 1867 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Seamstress (rtd) Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Samuel D. Wilson Keziah Evans 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO Mrs. Anita W. Gibson - 1918 E. 31st INTERVAL BETWEEN CAUSE OF DEATH 18. DISEASE OR CONDITION DIRECTLY Toney Georposis LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 20. AUTOPSY 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION YES DICA 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? INJURY WHILE AT . 1951, to March 17 , 1957, that I last saw the 22. I hereby certify that I attended the deceased from Sep deceased alive on March 17, 195), and that death occurred at M. of m., from the causes and on the date stated above, 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 4- E-33 rd St 1 (8 24A. BURIAL. CREMA-TION, REMOVAL (Specify) 24C/NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) Burial Parkwood Cem. Balto. Md. 25 FUNERAL DIFFETOR DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE

VS 150



A. STATE MD B. COUNTY before adults B. FULL NAME OF (If not in hospital or institution, give street address or location) MERCY HOSPITAL TO BRITTON MERCY HOSPITAL A. STATE MD B. COUNTY before adults C. CITY OR TOWN (If outside corporate limits, write INTRAL and DATALINES) D. STREET ADDRESS (If rural, give location) 8. O. T. Charles Street D. STREET ADDRESS (If rural, give location) 8. O. T. Charles Street D. STREET ADDRESS (If rural, give location) 8. D. ATE OF BIRTH 9. ACE (In year) Huden I has B User M BIRDLY BENEFITS 10A. USUAL OCCUPATION (Givekinded) 10B. KIND OF BUSINESS OR INDUSTRY Self employed 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT ON N 13. FATHER NAME SOLUMN M. JONES 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or compliant on which caused death.) DISEASE OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTION CAUSING IT. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION CAUSING IT. OTHER SIGNIFICANT CONDITION SCONTRIBUTION CAUSING IT. OTHER DISEASE OR CONDITION CAUSING IT. OTHER DISEASE OR CONDITION CAUSING IT.	, , , , , , , , , , , , , , , , , , , ,	Y HEALTH DEPARTMENT 52 2722 CATE OF DEATH Registered No.
Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or hOSPITAL OR INSTITUTION MERCY HOSPITAL To incation institution, give street address or incation in the property of	1000 TO 1 4 5	OF 3/17/
Security No. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL Charles of Survival) 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL Charles of Survival) 16. SECURITY NO. 17. INFORMANT CAUSE OF DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITIONS LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 19. ACCIDENT WAS UNDER 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID. (If in Baltimore City, give exact location) 19. ACCIDENT WAS UNDER 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID. (If in Baltimore City, give exact location) 20. AUTOPS 21. ACCIDENT WAS UNDER 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID. (If in Baltimore City, give exact location)	A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street add HOSPITAL OR	cation c. CITY OR TOWN (If outside corporate limits, write RURAL and give
10A. USUAL OCCUPATION (Givekindof work done dyring most of yorking life aven if retired) 10B. KIND OF BUSINESS OR INDUSTRY Self employed 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COLIN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARKED FORCES? (Yee, no or unknown) 16. YOU Self employed 17. INFORMANT 18. HIS SECURITY NO. TO DEATH 19. CAUSE OF DEATH 10. CAUSE OF DEATH 11. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 20. ANTECEDENT CAUSES 21. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION CONDITIONS CONTRIBUTION TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19. DATE OF OPERATION 19. MAJOR FINDINGS OF OPERATION 20. AUTOPS 21. ACCIDENT WAS UNDER 218. PLACE OF INJURY (e.g., in or 21c, WHERE DID (If in Baltimore City, give exact location) 21. WHERE DID (If in Baltimore City, give exact location)	c. Length of stay in Baltimore 5. SEX [6. COLOR OR RACE] 7. SINGLE MARRIED.	Mos. Days 801 N. Charles Street 8. DATE, OF B)RTH 9. AGE (in years N Under 1 Year N Under 24 Nous
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 10. INFORMANT ADDRESS 10. IN Charles St. 18. 443 X	10A. USUAL OCCUPATION (Give kind of work done dyring most of working life, even if retired) WY 6 self employed	OR JSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY:
18. ## 3 X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) HYPERTIENDING (-V. DISEASE) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER: 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (1st in Baltimore City, give exact location)	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY	NO 17. INFORMANT ADDRESS
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPS YES NO 21A. ACCIDENT WAS UNDER: 21B. PLACE OF INJURY (6. g., in or 21c. WHERE DID (If in Baltimore City, give exact location)	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (G)	USE OF DEATH 155ECTING ANSWERISM (ASDC) 9 DOGS
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF	YES NO _

LYING OR CONTRIBUTING CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY

WHILE AT NOT WHILE AT WORK WORK

21F. HOW DID INJURY OCCUR?

Removal

22. I hereby certify that I attended the deceased from. , 19 that I last saw the m., from the causes and on the date stated above. 1912 and that death occurred at 11 deceased alive on_

238. ADDRESS 23C DATE SIGNED 23A. SIGNATURE

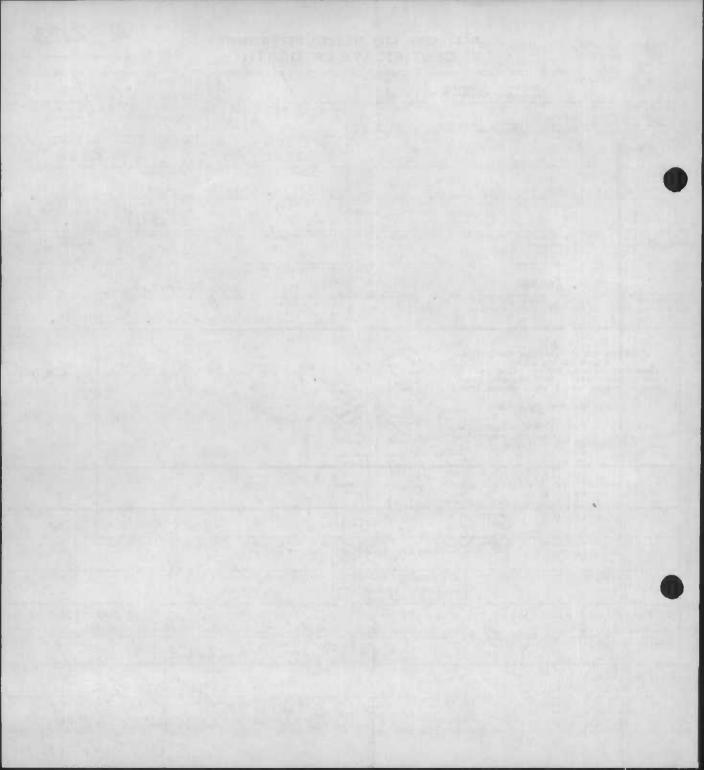
24B. DATE 24c. NAME OF CEMETERY OR CREMATORY

24A. BURIAL CREMA-TION, REMOVAL (Specify) 24D. VOCATION (City, town, or county) /20/52

DATE RECEIVED BY FUNERAL DIRECTOR REGISTRAR'S, SIGNATURE ADDRESS

VS 150

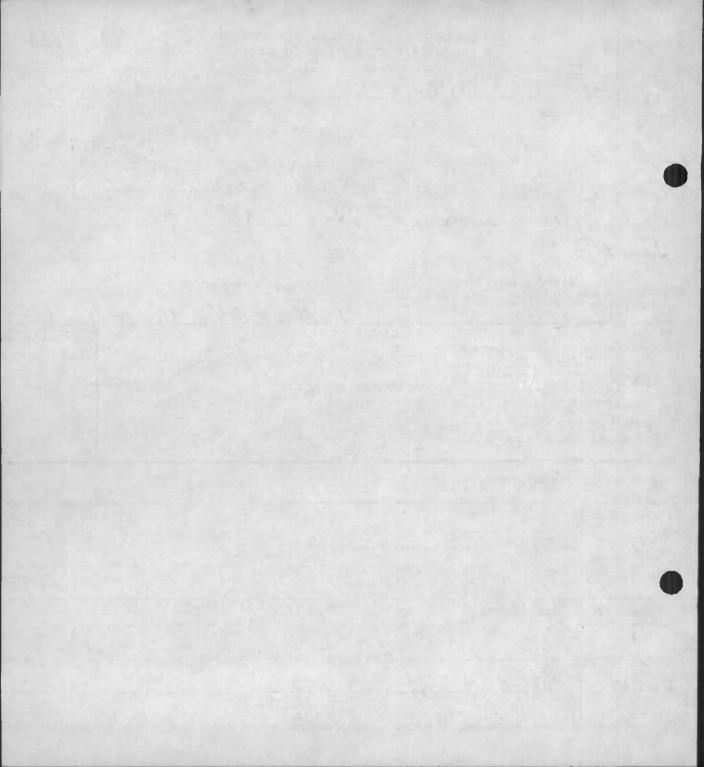
Bethel.



BALTIMORE CITY HEALTH DEPARTMENT

52 2723

BIRTH NO.	CERTIFICATI	E OF DEATH		
1. NAMA OF DECEASED (Type of Pintues Ralt	hoh		2. DATE OF DEATH 3 / /	6.5-2
a. Baltimore City, Maryland		4. USUAL RESIDENCE (W.	here deceased lived. If in B. COUNTY	stitution : residence before admission)
B. FULL NAME OF (If not in hospital or institu		10. //	11/1	0(1010 (441111101011)
HOSPITAL OR INSTITUTION , / //	location)	c. CITY OR TOWN (If	outside corporate limits,	write RVRAL and give township
1931 Witranklin Ul.	27		20	
ength of stay in Baltimore	Yrs. Mos. Days	193/ W. Fra	ural, give location)	
5. SEX 6. COLOR DR RACE 7. SING	LE. MARRIED.	8. DATE OF BIRTH	9. AGE (In years) U	nder I Year II Under 24 Hours
N/1 10/20 11 11	WED, DIVORCED (Specify)	July 11, 1874	last birthday) Mont	ths Days Hours Min.
10A. USUAL OCCUPATION (Givekindol, 10B. KIN	ID OF BUSINESS OR	11. BIRTHPLACE (State or for	reign country) 1	2. CITIZEN OF
work done during most of working life, even if retired)	INDUSTRY	Oxford 1	1. C.	WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	14
unknown		unknow	UM	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL	17. INFORMANT		DRESS
(1. 2.0) 20 01 000000	SECURITY NO.	Mrs Manarie My 46	14 193/ 11/	Franklin St.
18. 4 2 2 1	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		1	2 4	ONSET AND DEATH
(This does not mean the mode of dying, e	E., (A) Caro	110 lasen	MN 15293	
heart failure, asthenia, etc. It means the diser injury or complication which caused dear	ase, th.) DUE TO			
ANTECEDENT CAUSES				
Z DISEASES OR CONDITIONS, IF ANY, GIV	(B)		***************************************	
RISE TO THE ABOVE CAUSE (A) STATING				
UNDERLYING CONDITION LAST.	(C)		*****************************	
L.				
OTHER SIGNIFICANT CONDITIONS CO TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING				
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING	IT.			
2	R FINDINGS OF OPER	RATION		20. AUTOPSY?
V 21 P	105.05.00.00.00.00.00.00.00.00.00.00.00.0	Loss waters are the	t to be the control	YES NO
TI ZIA. ACCIDENT WAS UNDER. I ZIB. I	ACE OF INJURY (e. g., i e, farm, factory, street, office bldg.,	n or 21C. WHERE DID (If INJURY OCCUR?	f in Baltimore City, giv	e exact location)
ID. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
m.	WHILE AT NOT WHILE			
22. I hereby certify that I attended th		2 12195 2 to 1/2	rch 15 195	that I last saw the
	and that death occur		ne causes and on the	
23A. SIGNATURE	10112	3B, ADDRESS	antagl	230 DATE SIGNED
1 / Gome	(M. D.)	703/NEC	WINA	3 //7 - 6-
24A. BURIAL. CREMA- 24B. DATE TION REMOVAL (Specify)	24c. NAME OF CEMETE	RY OR CREMATORY 24D. LO	CATION (City, town, or	r county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNAT	INT AN	25. FUNERAL DIRECTOR		ADDRESS ,
LOCAL REGISTRAR	Partie C.	00211,00	2 101. 1:	The state of the s
MAR 1 9 1952 1 + 1 - 1	ALLERIUS MED	011.90M 00	V (10/1/20)	7.56
VS 150	· · · · · · · · · · · · · · · · · · ·			



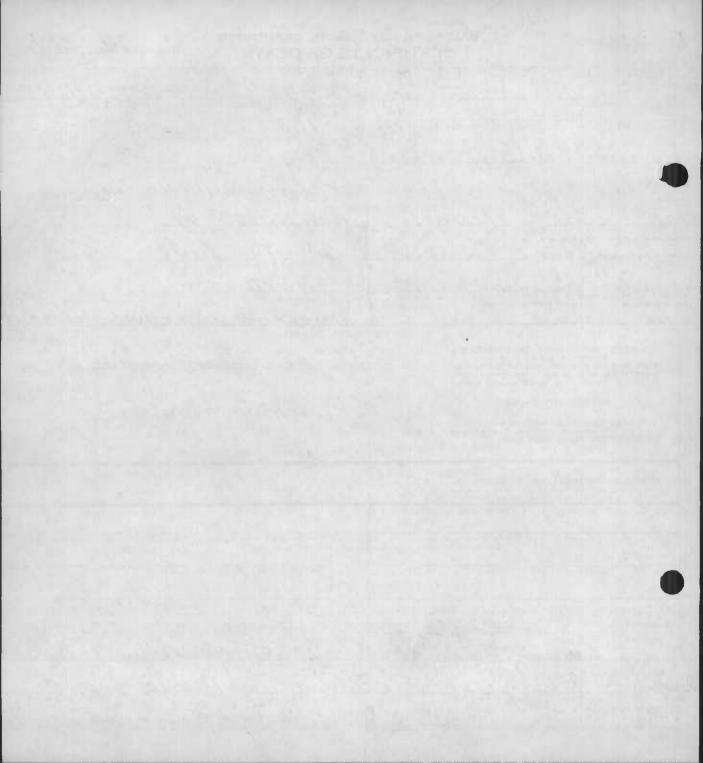
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52	272ª
BIRTH	NO.
	ME OF DECE

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 2724

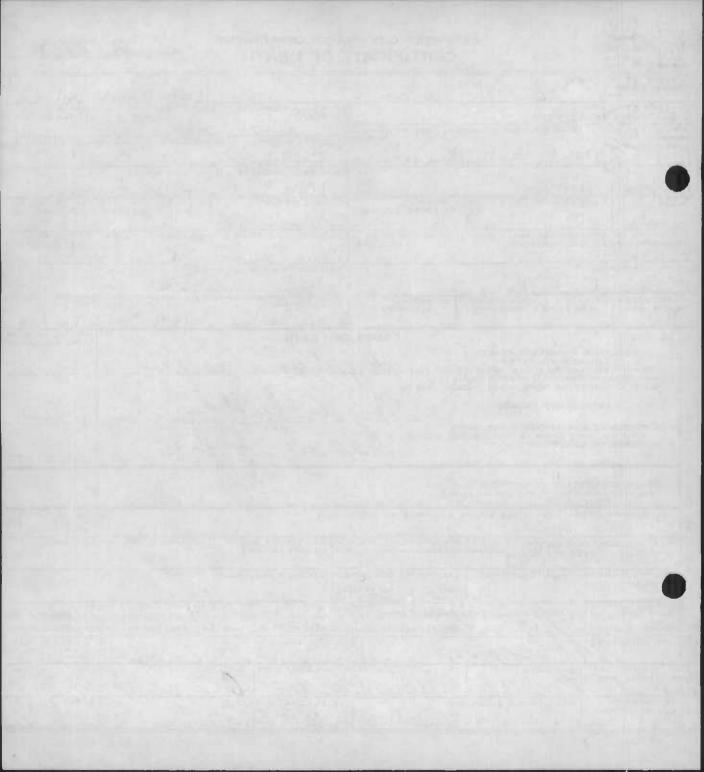
BIRTH NO.	
1. NAME OF DECEASED PAYMON & T. Saunder OF DEATH MAKE OF DEATH MAKE	2h/5.1959
3. PLACE OF DEATH: A. Baltimore City, Maryland A. STAYL RESIDENCE (Where deceased lived. If B. COUNTY	institution, residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location) OC. CITY OR TOWN (If outside corporate limit)	ts, Write RURAL and give township)
Yrs. D. STREET ADDRESS (If ryral, give lication) Mos. Days 62911. Oc. 10 W.N.	84
1218 (0), Married 1/04, 20,1902 49	M Dedu 1 Year H Dader 24 Hours onths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork doile during most of working life, even if retired) 10B. KIND OF BUSINESS OR 11. BIRTHPLAGE (State or foreign country) 11. BIRTHPLAGE (State or foreign country) 12. A 2 4 5 4 7 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	12. CITIZEN OF COUNTRY?
13. FATHER'S NAME SQUINGERS 14. MOTHER'S MAIDEN NAME P	
15. WAS DÉCÉASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT A SECURITY NO. 17. INFORMANT SECURITY NO. 18. INFORMANT SECURITY NO. 18. INFORMANT SECURITY NO. 19.	S Calkante
1B. U 2 2 1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease,	INTERVAL BETWEEN ONSET AND DEATH
injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	osis
(c)	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
1 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21a. ACCIDENT WAS UNDER- 21B. PLACE OF INJURY (e.g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from August, 197, to 3-15, 195 deceased alive on 5-15, 1952, and that death occurred at 12:33 f.m., from the causes and on the	that I last saw the
23A. SIGNATURE 23B. ADDRESS 100 To face Platter	23c. DATE SIGNED
Burnal March 20, 1952 West Catheolia and Ballo	or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR	ABURESS 372/

VS 150



CERTIFICATE OF DEATH Registered No. 2725

BIRTH NO.	CLICITICATI	L OI BLAITI
1. NAME OF DECEASED (Type or Print)	Costen	2. DATE OF DEATH MARCH 14.1952
3. PLACE OF DEATH: A. Baltimore City, Maryland		A. USUAL RESIDENCE (Where deceased lived, If institution Presidence B. COUNTY before admission)
B, FULL NAME OF (If not in hospital or institut	tion, give street address or location)	CCITY OR TOWN (If outside corporate limits, write RERAL and give
INSTITUTION 1014 N AVI	ton Anama	C. CITY OR TOWN (If outside corporate limits, welle RURAL and give township)
	Yrs.	D. STREET ADDRESS (If rural, give location)
ength of stay in Baltimore	Mos. Days	1014 N. Arlington Avenue
	E. MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years ff Under 1 Year ff Under 24 Hours last birthday) Months; Days Hours Min.
remale C. Wid	0 40	October 16, 1884 67
10A. USUAL OCCUPATION (Give kind of the ki	O OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
P		Ell 1) L#
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give war or dates of service)	SECURITY NO.	Elaia Coston 1014N Arlingto, Aug
18. 442X	CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	11.	ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e., heart failure, asthenia, etc. It means the disease	g., (A)	welliam Cardis
injury or complication which caused death	L.) DUE TO	
ANTECEDENT CAUSES	Via	ula kund Henra 15 1/20
DISEASES OR CONDITIONS, IF ANY, GIVIN		my party accepted by mes,
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(4/	4. extens failers
U L	(C)	
OTHER SIGNIFICANT CONDITIONS CON		
TRIBUTING TO THE DEATH, BUT NOT RELATI	ŁD .	
1 19A. DATE OF OPERATION 19B. MAJOR	FINDINGS OF OPER	ATION 20. AUTOPSY?
U 21 ACCIDENT MAS MADE 218 DI	ACE OF INJURY (e. g., iz	or 21c. WHERE DID (If in Baltimore City, give exact location)
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome,	farm, factory, street, office bldg., e	to.) INJURY OCCUR?
D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRE	21F. HOW DID INJURY OCCUR?
m.	WHILE AT NOT WHILE	
22. I hereby certify that attended the	deceased from//	15 , 19 , to 3/14 , 19 V that I last saw the
deceased alive on 7/6, 195		red at 11:20 P.m., from the easises and on the date stated above.
23A. SIGNATURE ALLEN	110	38. ADDRESS 23c. DATE SIGNED 3-17-52
24A. BURIAL, CREMA: 24B. DATE	24c. NAME OF CEMETE	RY OR CREMATORY 240 LOCATION (City, town or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	JRE I	25. FUNERAL DIRECTOR ADDRESS > 2.40
LOCAL REGISTRAR Hunting Way	tellians MD	ma Ruth RWilliams Schringer St.
VS 150		



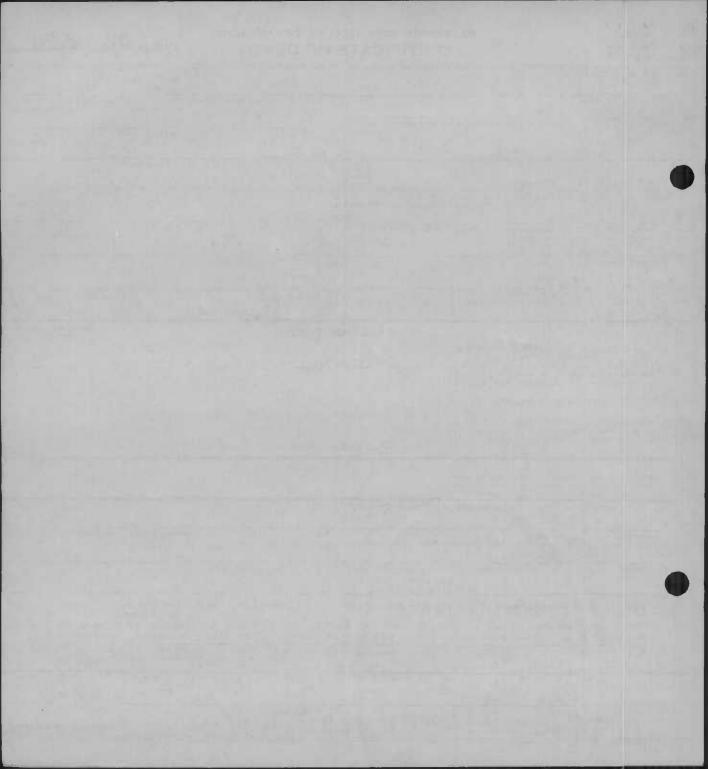
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2 BIRT	2	726

BALTIMORE CITY HEALTH DEPARTMENT CFRTIFICATE OF DEATH

gistered No. 2726

B	RTH NO.	E OF DEATH	
	NAME OF DECEASED ype or Print)	2. DATE OF 2_1.	
	John West	DEATH 0 73	
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If insti	before admission)
В.	FULL NAME OF (If not in hospital or institution, give street address or		
	OSPITAL OR location)	C. CITY OR TOWN (If outside corporate lights, wi	township)
-	Lutheyan Hospi	130 101	
	Yrs. Mos.	D. STREET ADDRESS (If rural give location)	+
	Length of stay in Baltimore Days	198 W. Saravora 0	Vac I William 24 House
1	SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (M years if Under last birthday) Months	Days Hours Min.
	Tale (a. Widow)	DUNBIA 1889 1 62	
WOE	A. UŠUAL OCCUPATION (Givekindof) 10B, KIND OF BUSINESS OR INDUSTRY		WHAT COUNTRY
	Waterman	09/0.10	6.5.6.
1:	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
-	WORN WEST	NETTIO !	
	6. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	ADDE	ESS 948 W.
-	No	Mary GODENCE Sara	100 a 54.
	18. 443 CAUSE	OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY		
	(This does not mean the mode of dying, e.g., (A)	extensive Cardiovascular Discase	
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		
	ANTECEDENT CAUSES		
-	(B) (AYA)	ac Failure E	
TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	. / 51	
1	UNDERLYING CONDITION LAST.	alized Edema	
FIC	11		
RTIF	OTHER SIGNIFICANT CONDITIONS CON-		
ш	TO THE DISEASE OR CONDITION CAUSING IT.		
10	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
AL	LOID BLACE OF INTURY (in or 21C. WHERE DID (If in Baltimore City, give	YES NO L
일	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. 21B. PLACE OF INJURY (e.g.,		CARGO TOCKEROWY
	UTING CAUSE OF DEATH.		
2	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR FINJURY		
	m. WORK AT WORK		
	22. I certify that I took charge of the remains described	above, held an Autopsy, Inspection or havy	hereon and from
	the evidence obtained by said Autopsy, Inspection or	Inquiry, find that said deceased died on the d	lay stated above
	and death in my opinion resulted from: natural cause	🙎 🔼 accident 🗌, suicide 🔲, homicide 🔲, unde	termined [].
	23A. GIGNATURE	ASSISTANT MEDICAL EXAMINER 2 2	ATE SIGNED
-		4.D. MEDICAL INVESTIGATOR	6-5K
11 4	AA. BURIAL, CREMA- 248 DATE 246 NAME OF CEMETE	The state of the s	011
10	9/10/10/10/10/10/10/10/10/10/10/10/10/10/	1. Van Shulle	71/11.
1	ATE RECEIVED BY REGISTRAR'S SIGNATURE,	25. FUNERAL DIRECTOR AC	DRESS 222 AC

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יייייייייייייייייייייייייייייייייייייי	BALTIMORE CITY HEALTH DEPARTMENT 52	2727
BIRTH NO.	CERTIFICATE OF DEATH Registered No_	
1. NAME OF DECEASED	A	
(Type or Print)	n Mastin OF DEATH 3-10	6-52.
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If insti	itution : residence before admission
B. FULL NAME OF (If not in hospital or HOSPITAL OR		0.1
institution Ho.	location) C. CITY OR TOWN (If outside corporate limits) wy	township
3	Yrs. D. STREET ADDRESS (If rural, give location)	
ength of stay in Baltimore	Days 1916 Wilher Court	
	SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) A COLL 19 9 AGE (In years last birthday) Months 19 AGE (In years last birthday) 19 AGE (In years last birthday) Months 19 AGE (In years last birthday) 19 AGE (In yea	I Year If Under 24 Hours Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10) work done during most of working life, even if retired)	B. KIND OF BUSINESS OR II. BRTHPLACE (State or foreign country) 12.	CITIZEN OF
WatchMan	Charles Co. Md.	WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	<i>y-00-</i>
HIBX ANDOR Man	DN Soully Malthews	
(You, po or unknown) (If you, give wer or dates of se	RCES? 16. SOCIAL 17. INFORMANT ADDR	ESS-) 2 1
No	James Matthews mul	Jehly Lit
18. 33/X	CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRE LEADING TO DEATH	ECTLY	3-0
(This does not mean the mode of dy heart failure, asthenia, etc. It means th	ing. e.g., (A) (ErEbro Vascular Accident	Sopours
injury or complication which cause	d death.) DUE TO	_
ANTECEDENT CAUSES	B. 20, 20	
DISEASES OR CONDITIONS, IF ANY	Y, GIVING	
RISE TO THE ABOVE CAUSE (A) STATUNDERLYING CONDITION LAST.	TING THE DUE TO	
0	(C)	***************************************
OTHER SIGNIFICANT CONDITION		
TRIBUTING TO THE DEATH, BUT NOT	RELATED	
U TO THE DISEASE OR CONDITION CAL	JSING IT.	

19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

21c. WHERE DID

218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

INJURY OCCUR?

20. AUTOPSY? YES (If in Baltimore City, give exact location)

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) WHILE AT NOT WHILE

WORK

22. I hereby certify that I attended the deceased from

deceased alive on 3-16 1952, and that death occurred at 8 23A. SIGNATURE

23B. ADDRESS

3-16

__, 19-5 that I last saw the

town, or county)

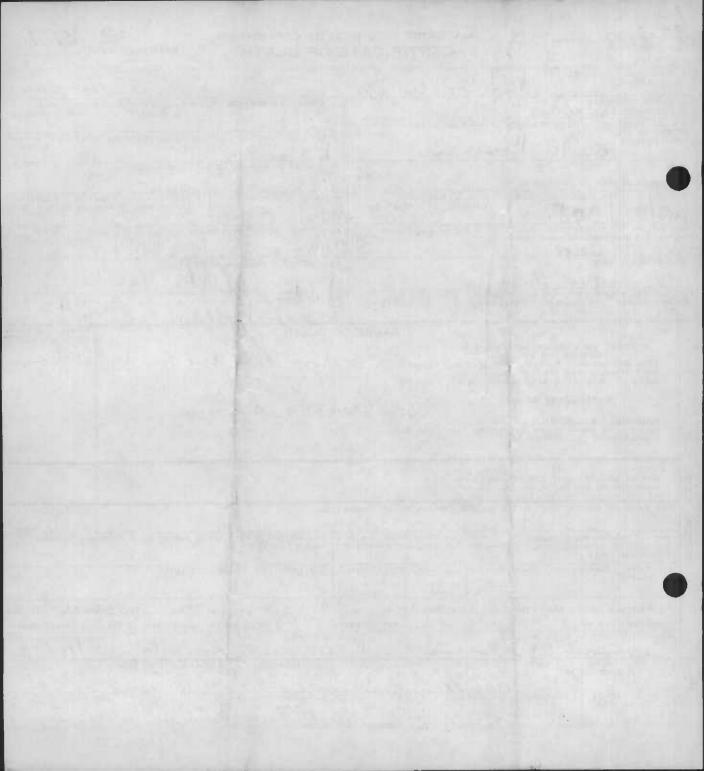
Pm., from the eauses and on the date stated above.

24A. BURIAL, CREMA-DATE

NAME OF CEMETERY OF CREMATORY

DATE RECEIVED BY LOCAL REGISTRAR

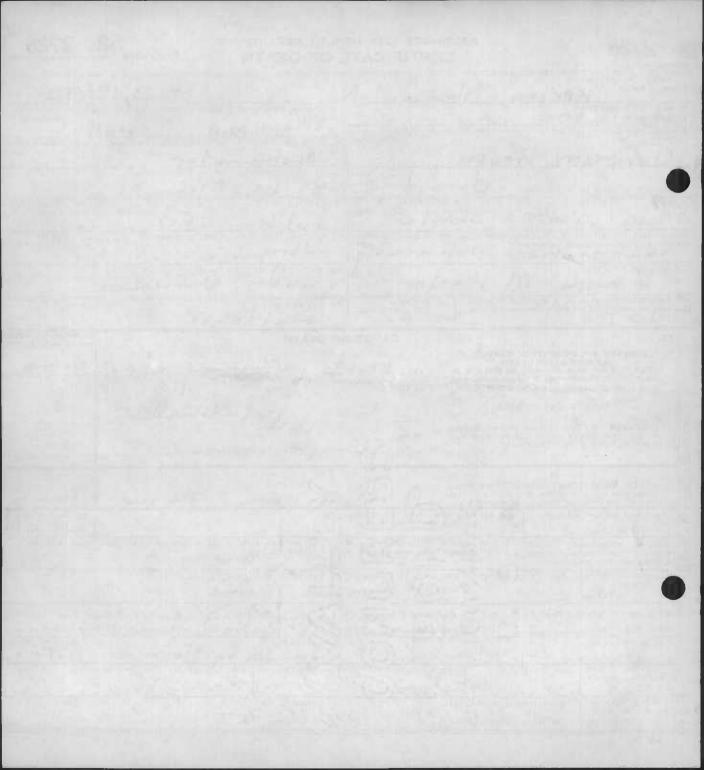
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2	2728
BIRTH	H NO.

BALTIMORE CITY HEALTH DEPARTMENT \ 52 2722

BIRTH I	728 NO.	CERTIFICAT	E OF DEATH	Registered No.	4/60
1. NAMI (Type or	OF DECEASED Print) KEELER	Alexander 1	1	2. DATE OF DEATH 3/18	152
	Ç OF DEATH: more City, Maryland		4. USUAL RESIDENCE	7,177	ution: residence before admission)
HOSPITA	AL OR	institution, give street address or location)		(If outside corporate limits, wr	ite RURAL and give
INSTITU		PITAL	Westmin	eter	township)
Ceng	th of stay in Baltimore	One day Yrs. Mos. Days	STREET ADDRESS	If rural, give location)	5641
5. SEX		SINGLE, MARRIED, ODOWED, DVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years if Under last birthday) Months	
work done du	JAL OCCUPATION (Give kind of ring mest of working life, wen if retired)	KIND OF BUSINESS OR	11. BIRTHPLACE (State or		CITIZEN OF WHAT COUNTRY?
13. FAJ	descoh M	Theeler	14. MOTHER'S MAIDEN	NAME	
15. WAS (Yes. 10)	DECEASED EVER IN U.S. ARMED FOR unknown) (If yes, give war or detes of se	RCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDR	ESS
18.	. 43	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTOR	Ha	t 1		91
he	his does not mean the mode of dy art failure, asthenia, etc. It means th jury or complication which cause	e disease,	sic Bolower	any evens	2418
	ANTECEDENT CAUSES	death.) Doe 10	1	,	3
Z DI	SEASES OR CONDITIONS, IF AN	(B)	or born	mule	•
DILY BI	SE TO THE ABOVE CAUSE (A) STATE NOTICE CONDITION LAST.	TING THE OUE TO	1. 1		3
JOIL L		(c)	an buch sec		
	THER SIGNIFICANT CONDITION	NS CON-			
LLI TR	HBUTING TO THE DEATH, BUT NOT THE DISEASE OR CONDITION CAL		andro plasia	E Horacic &	charmity
	No 198. 1	MAJOR SINDINGS OF OPER	RATION		20. AUTOPSY?
LYIN CAU	ACCIDENT WAS UNDER. 2	1B. PLACE OF INJURY (e. g., i ut home, farm, factory, street, office bldg.,		(If in Baltimore City, give	
≥ 10.	TIME (Month) (Day) (Year) (Hot	21E. INJURY OCCURR	10	RY OCCUR?	
22	hereby certify that I attend	m. WORK AT WORK	117 106340	3/18 10634	at I last one the
		252, and that death occur	red at 2 1983 to	the causes and on the de	at I last saw the ate stated above.
23A	DIGNATURE C		23B. ADDRESS	Hang 1 23	C. DATE SIGNED
24A. BL	RIAL, CREMA- 248 DATE	240 NAME OF CEMETE	TRY OR CREMATORY 240	LOCATION Lity, town, or co	ount() (State)
Bu	real Mar-22,	1852 Trosper	Hill 10%	cout your	1/a-
	REGISTRAR 4	GNATURE OF DESCRIPTION	25. FUNERAL DIRECTOR	AD	DRESS /
- MAR	191957 January	- Williams Al	1917 COM		
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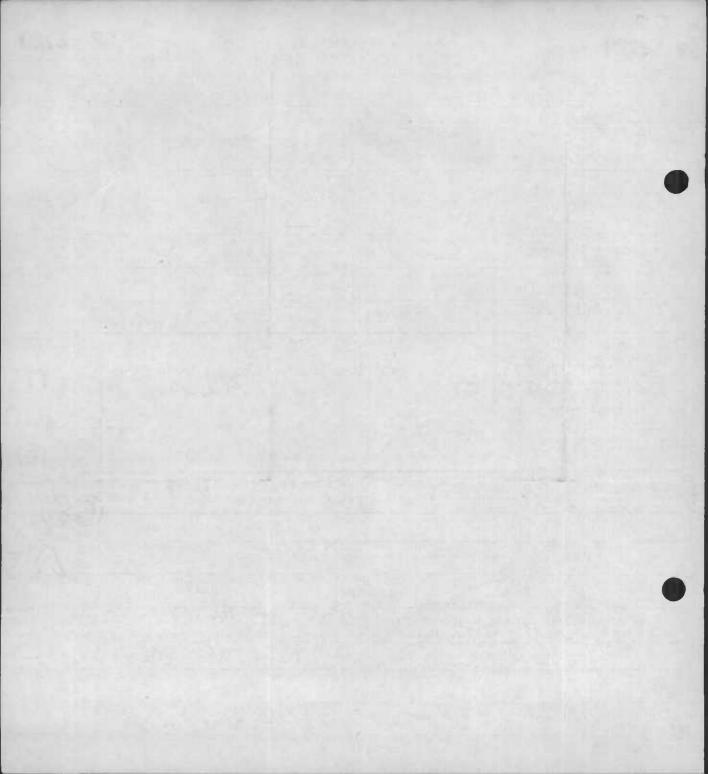


17	6	0
52		2729

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 2729
Registered No.

BIRTH NO.		
1. NAME OF DECEASED	2. DATE	
(Type or Print) Caroling Mary Lochary	OF DEATH Mar. 18, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Paltimore, Md.	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)	
B. FULL NAME OF (If not in hospital or institution, give street address or		
HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, writed RAL and give	
1316 Polton Street	Paltimore // Washing	
About 25 Yrs.	D. STREET ADDRESS (If rural, give location)	
c. Length of stay in Baltimore Mos. Days	1316 Folton Street	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years If Under I Year If Under 24 Hours	
Menalehite Single Single	last birthday) Months Days Hours Min.	
10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	
work done during most of working life, even if retired) School Teacher INDUSTRY	Moras hun, Harford Co. WHAT COUNTRY?	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
John Lochary	Mary L. Wilson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS	
	Cassandra Lochary Belair, 1d.	
TICELSE OF COURTS	of DEATH which is barden as a large of the consett and death of the co	
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	Disease	
ANTECEDENT CAUSES		
O DISEASES OR CONDITIONS, IF ANY, GIVING		
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
<u>0</u> (c)		
OTHER SIGNIFICANT CONDITIONS CON.	nihon, Cachexia	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	minon, lackeria	
	ATION 20. AUTOPSY?	
4	YES NO X	
21a. ACCIDENT WAS UNDER: 21b. PLACE OF INJURY (c. g., is bout bone, farm, factory, street, office bldg.,	n or 21c. WHERE DID (If in Baltimore City, give exact location)	
LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., CAUSE OF DEATH	olo.) INJURY OCCUR?	
TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?	
m. WHILE AT NOT WHILE AT WORK		
22. I hereby certify that I aftended the deceased from OC	Fober , 19 49 to March 18, , 1952, that I last saw the	
deceased alive on 3/18/, 195, and that death occur	rred at 2 A m., from the eauses and on the date stated above.	
	38. ADDRESS / 1) // 23c. ØATE SIGNED	
John K Dours, M.D.	401 medical Ants Olde 3/19/52	
24A. BURIAL, CREMA, 24B. DATE 24C. NAME OF CEMETE	RY OR SREMATORY 24D. LOCATION (City, Jown, or county) (State)	
TION, REMOVAL (Specity)		
DATE RECEIVED BY LEGISLATION OF STREET		
DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR SIGNATURE ADDRESS		
10 10 10 10 10 10 10 10 10 10 10 10 10 1		
MAD 1 0 1869	Held. Weaks of Xon 805/1. Calour 1	
MAR 1 0 1952 0 938	Will Means of Non 805 / Caloud A	



CERTIFICATE OF DEATH

Registered No 2 2730

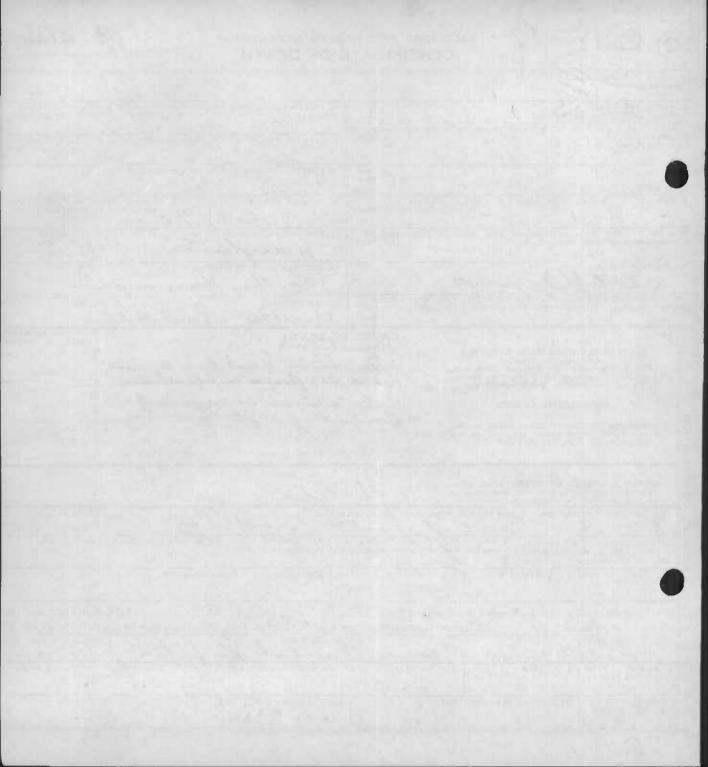
BIRTH NO						
1. NAME OF E (Type or Print)		EPH PE	RKINSON		2. DATE OF DEATH March	17, 1952
	City, Maryland	Baltimor	ce, Md.	A. STATE	E (Where deceased lived, If in B. COUNTY	
B. FULL NAME HOSPITAL OR	OF f not in hospit	al or instituti	ion, give street address or location)		11/	11
INSTITUTION	University	Unanit	,	C. CITT OR TOWN	(If outside corporate limits,	write RURAL and give township)
	OUTAGLETCA	MOSSIL		Baltimore		, ,
			Yrs. Mos.		(If rural, give location)	
	stay in Baltimore		Days	3712 Seq 2018	a Avenue	
5. SEX	6. COLOR OR RACE		E, MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years If the	hs: Days Hours: Min.
Male	White	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ZD, DITOHOLD (specif)	.ov. 6, 1386	5	20013
IOA. USUAL OC	CUPATION (Give kind of	IOB. KIND	OF BUSINESS OR	11. BIRTHPLACE (State		2. CITIZEN OF
Lerk	of working life, even if retired)	B. &	O. Bailroad	Baltimore, M	4.	WHAT COUNTRY?
13. FATHER'S	NAME			14. MOTHER'S MAIDE		
		Daniel				
TE Was brosse	Alliam			Anastasin Sha	a ly	
(Yes, no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADD	RESS
OISEA (This doe heart fail	SE OR CONDITION LEADING TO DEA so not mean the mode ure, asthenia, etc. It me complication which	TH of dying, e. g	(A) Fract	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
RISE TO UNDERL	S OR CONDITIONS, IN THE ABOVE CAUSE (A) YING CONDITION LA	STATING THAST.	(C)	ation of brain		
TO THE D	SEASE OR CONDITION	, , ,				
U 19A. DATE O	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		YES NO
111 214 EYTED	NAL CAUSE WAS	218. PLA	CE OF INJURY (e. g., in arm, factory, street, office bldg., e	to.) INJURY OCCUR?	(If in Baltimore City, giv	e exact location)
UTING L	CAUSE OF DEATH.	str			Lombard Streets	41,
Σ 21D. TIME	(Month) (Day) (Year)		21E. INJURY OCCURRI			
OF INJURY	3/6/52 12:45	P	WHILE AT NOT WHILE	x Pedestrian	struck by trails	er truck
22. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined .						
23A. SIGNA	TURE RSS	ush	_	238. CHIEF MEDIC ASSISTANT MEDIC D. MEDICAL INVESTI		17/52
24A. BURIAL. TION, REMOVAL (S		2	4c. NAME OF CEMETE	RY OR CREMATORY 24	D. LOCATION (City, town, or	county) (State)
ral	3/20/52		St. Teteris		Poltanore, Ka.	
DATE RECEIVE LOCAL REGIST MAR 191	D BY REGISTRAR			25. FUNERAL DIRECTO		Calvert &
V S 151	N 703.2		3905	-0		V



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 2731

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) LNCY WELS h	2. DATE OF 3 - 17 -5-2
a. Baltimore City, Maryland Vaccett Hosfital B. FULL NAME OF (If not in hospital or institution, give street address or location	
INSTITUTION University Hospital	Baltimol township
c. Length of stay in Baltimore 5. SEX 6. COLOR OF RACE 7. SINGLE MARRIED 7. SEX	
WIDOWED DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years if Under I Year Indee I
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hauseuil	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
Mustef Oing	Martia Kammond
15. WAS DECEASED EWR IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT Candalltain
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABDVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	cardiac enlagement.
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office this. CAUSE OF DEATH	etc.) INJURY OCCUR?
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRINJURY MHILE AT NOT WHILE AT WORK AT WORK	
	rred at 10:45 Pm., from the eauses and on the date stated above
Robert Q - Daugles M. D. 1 24A, BURIAL, CREMA-1 24B, DATE 124C, NAME OF CEMETE	Inevenity Horfital 3-17-52
BURIAL 3-20-1952 Mt. Oliv	e Carroll Co., Md.
LOCAL REGISTRAR PLANT AND THE LOCAL REGISTRAR PROPERTY AND THE LOCAL REGISTRAR PROPERTY AND THE LOCAL REGISTRAR'S SIGNATURE	C. M. Valtz, Winfield, M.d.
VS 150	

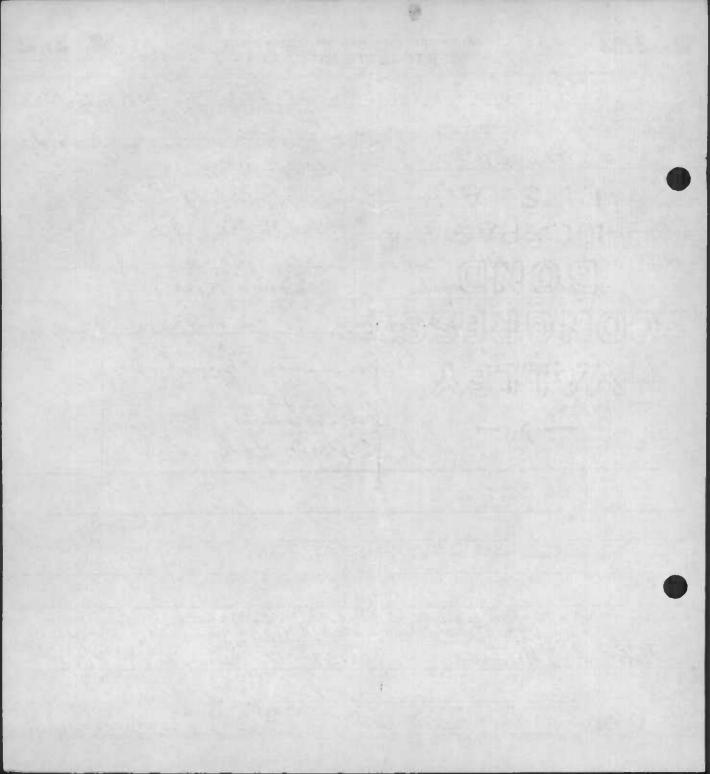


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BALTIMORE CITY HEALTH DEPARTMENT

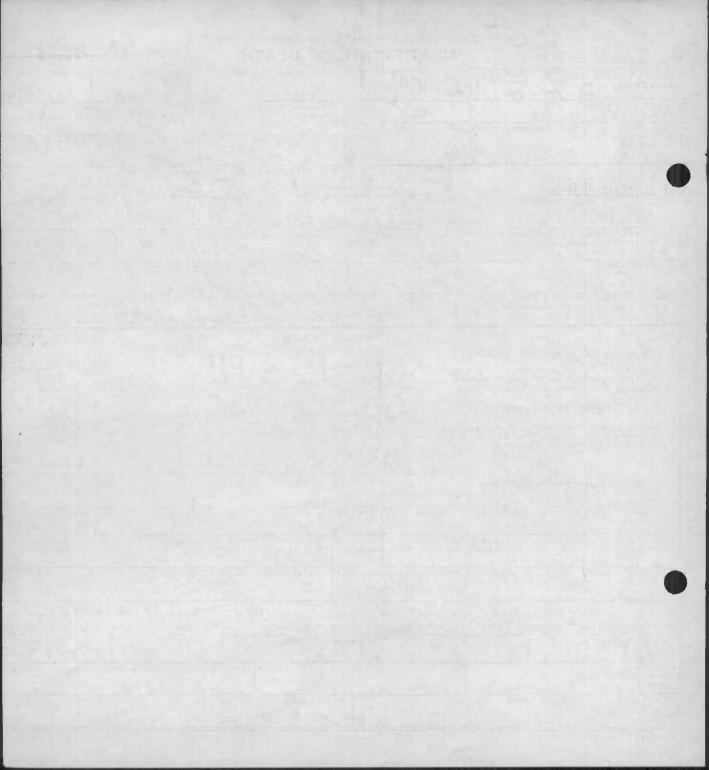
	52	2732
egistered		

BI	RTH NO.	L OF DEATH
(T)	NAME OF DECEASED GEORGE BRISCO	Edwards. 2. DATE OF DEATH MARCH 18, 1952
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admirant
HC	FULL NAME OF (If not in hospital or institution, give street address or location) STITUTION Page 1971	C. CITY OR TOWN (If outside corporate liquits quite RURAL and g v township)
7	2223 MAMSRY ST.	D. STREET ADDRESS (If rural, give location)
C.	Length of stay in Baltimore Life Mos.	2223 RAMSAY ST.
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Hader 24 Hours
10 work	A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF
	WATEHMAN BALTO. TRANSIT Co.	MARYLAND WHATGOUNTRY?
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15	WAS DECEASED EVERYN U. S. ARMED FORCES? MS. SOCIAL	REBECCA KIRby
(Yee	was deceased ever in u. s. armed forces? no or unknown) (If yes, give war or dates of service) No No No 128-09-9340	Austin Edwards, 2223 RAMSAV ST
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	OF DEATH MENTERVAL BETWEEN ONSET AND DEATH
ICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	spertimin.
CERTIF	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
7	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
EDICA	21a. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg., c	n or 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
2	7. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
	m. WHILE AT NOT WHILE	
	22. I hereby certify that I attended the deceased from Madeeased alive on March 1719 & 2 and that death occur	1957 to March 18, 1952, that I last saw the
	23A. STENATURE WILLER M. D. 2	red at 10 19m., from the causes and on the date stated above. 38. ADDRESS 23C. PATE SIGNED 23C. PATE SIGNED 218/5-2
24 TIQ	A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE N. REMOVAL (Specify)	RY OR CREMATORY 240. LOCATION (City, town, or country) (State)
1	SURIAL 3-21-52 WESTER	N (EMETERY TSALTIMORE, Md.
LO	TE RECEIVED BY REGISTRAR'S SIGNATURE	GEO. L. John Ab 2101 FREDERICK AVE.



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 2733

BIRTH NO.	L OI DEATH
1. NAME OF OECEASEO (Type or Print) 1. NAME OF OECEASEO (Type or Print)	2. DATE 0F M. 15 1250
TELA MARINA	LARE OEATH /ARCh 18,1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	1/ARVLAND DA
INSTITUTION - ()	C. CITY OR TOWN (If outside corporate limits, write RORAL, and give
2835 ST. VAYL ST.	DAL I MORE IV
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years) If linder 19 year 18 linder 24 Hours
WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year II Under 24 Hours Instituted Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
work done during most of working life, even if retired)	AL WHAT CONTRY?
HOUSEWITE JOHESTIC	1/AK/ L#19 4. J.7.
C. 7 //	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Unlnown
(1 oc, no or unknown) (11 yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
10000 100008	NITA SHAMBERGER 2835 ST. YAUL ST.
18. 334X CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	11. 9.4
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	noplagea my
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	101- 000
DISEASES OR CONDITIONS, IF ANY, GIVING	of many starrer years
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	my CI+
[(c) \\ (c) \\	e (170 - anders year.
OTHER SIGNIFICANT CONDITIONS CON-	0
O TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERA	
21a. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in	a or 21c. WHERE DID (If in Baltimore City, give exact location)
218. ACCIDENT, SUICIDE, HOMICIOE (Specify) about home, farm, factory, street, office bldg., et	injury occur?
Σ	TO CALL HOW DIG IN HIS COCKED
ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	EO 21F. HOW DIO INJURY OCCUR?
m. WORK AT WORK	
22. I hereby certify that I attended the deceased from	, 1940, to many 18, 195; that I last saw the
	red at 4:35 P.m., from the causes and on the date stated above.
1), 1, t m. t. str.	3B. ADDRESS 2 Y 2 Y St. Paul Dt 3/11/12
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER	
TION, REMOVAL (Specify)	Park Poltino Unl
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR	0 101 1 2 1 1 1 -
MAR 191932 Thurtington Miliania Mit	GEO. C. Schwab 2101 MEDERICK AVE.

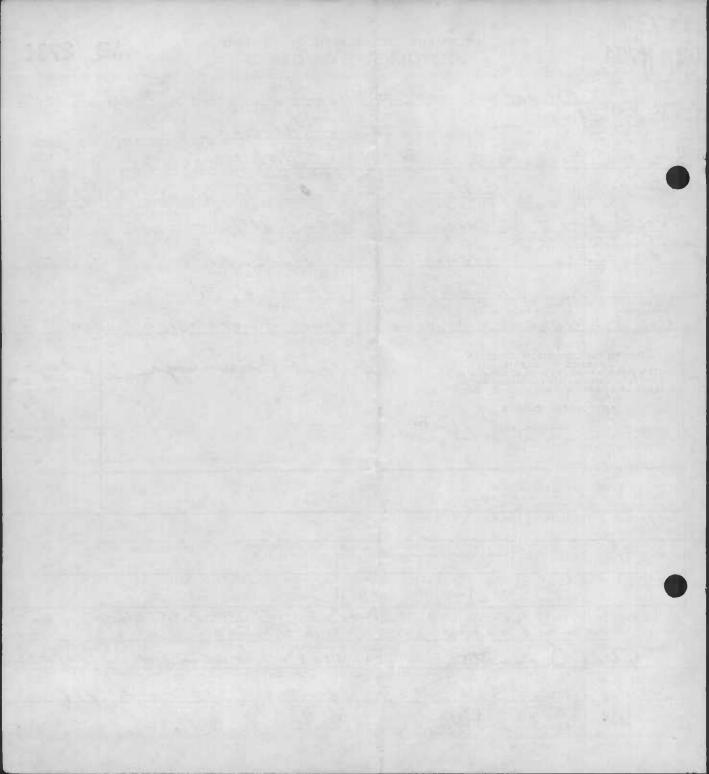


52 2734 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 2734

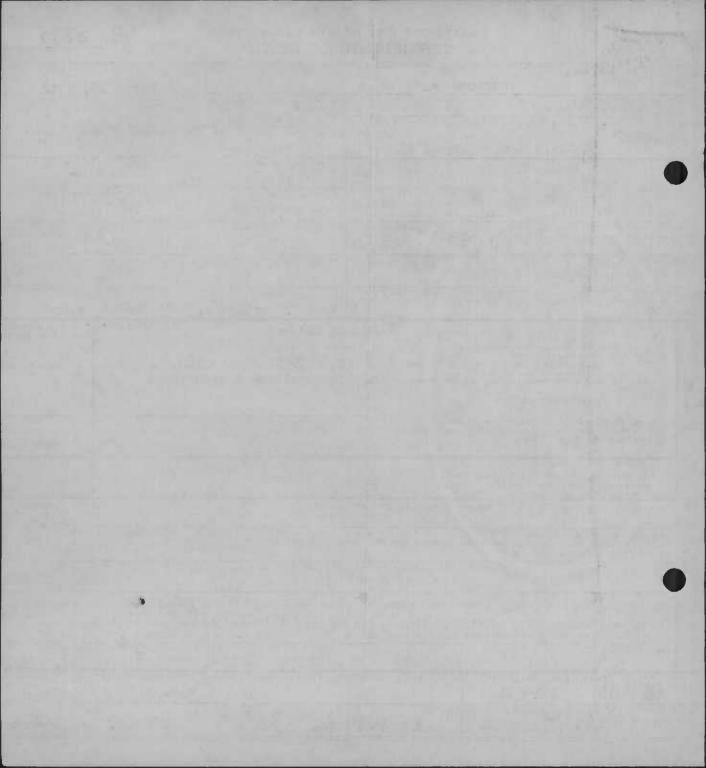
BIRTH NO.			
1. NAME OF DECEASED (Type or Print) BLANCHE (ECELIA)	Thomas 2. DATE OF MARCH 18 19:27		
S. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE/ B. COUNTY B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or	A. STATE B. COUNTY before admission)		
INSTITUTION location)	C. CITY OR TOWN (If outside corporate limits, write RUID) I and give township		
31/ S. Monroe St.	DALIMORE /		
c. Length of stay in Baltimore	D. STREET ADDRESS (If rural, give location)		
5. SEM 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DAGE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hours		
PEHALE WhitE MARRIES (Specify)	HEb. 4, 1876 last birthday) Months Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF		
Trousewife DOMESTIC	MARULAND WHAT COUNTRY?		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
15 WAS DECEASED FUED IN THE Y	MINNIE HARdy		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, ao or unkaown) (11 yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS		
NO NONE NONE	MRANK THOMAS 311 S. MonROE ST.		
DISEASE OR CONDITION DIRECTLY	OF DEATH INTERVAL BETWEEN ONSET AND DEATH		
LEADING TO DEATH (This does not mean the mode of dying, e.g.,	chal Hemorloge 3 days		
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			
ANTECEDENT CAUSES			
Z			
RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO			
UNDERLYING CONDITION LAST. (C)			
OTHER SIGNIFICANT CONDITIONS CON-			
O TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?			
21a. ACCIDENT WAS UNDER: 21b. PLACE OF INJURY (e.g., in LYING) OR CONTRIBUTING about home, form, factory, street, office bidg., et	or 21c. WHERE DID (If in Baltimore City, give exact location)		
LYING OR CONTRIBUTING about home, farm, factory, street, office hidg., et	(c.) INJURY OCCUR?		
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	D 21F, HOW DID INJURY OCCUR?		
m. WHILE AT NOT WHILE AT WORK			
22. I hereby certify that I attended the deceased from manch 16 1952, to Mench 18, 1952, that I last saw the			
deceased alive on hand 18, 1952, and that death occurr	red at 6.3-Pm., from the causes and on the date stated above.		
23A. SIGNATURE Scagnette M.D. 23	1729 W. Lombard 15 3/19/5-2		
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)		
1JURIAL 3-21-52 WESTERN	CENETERY BALTIMORE MY		
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS			
MAR 191332 Tuntington Williams Met	Co.E. O. HWA 6 2101 FREDERICK AUE		
VS 150			



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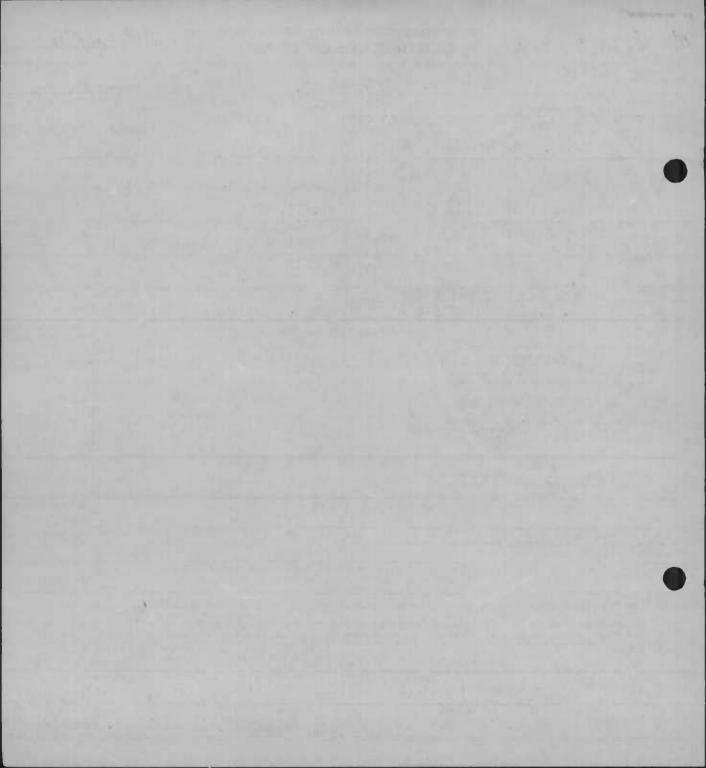
BALTIMORE CITY HEALTH DEPARTMENT

B	RTH NO.			CERTIFICATI	E OF DEATH	Registered 1	NO
	NAME OF E	ECEASED				12. DATE	
	ype or Print)		STEPHEN	R. DUFFY		OF	70 7000
3.	PLACE OF D		OTELIEN	Trie DOLLT	1 4. USUAL RESIDEN	DEATH March	
Α.	Baltimore	City, Maryland			A. STATE	B. COUNTY	before admission
	FULL NAME OSPITAL OR	OF (If not in hospi	tal or instituti	ion, give street address or location)	Marylan		to make 60 har and also
	ISTITUTION	Manufand C.	0 7 71			(If outside corporate limi	township
		Maryland Ge	eneral h		Baltimo		
				Yrs. Mos.		S (If rural, give location)	
0		stay in Baltimore	1 70 0010101	Days		itaw Place	W D. J. A. W. H. M. H. M. H.
	SEX	6. COLOR OR RACE		E, MARRIED, (Specify)	8. DATE OF BIRTH	last birthday) Me	If Under 1 Year If Under 24 Hours onths: Days Hours: Min
	nale	white	singl		July 13, 1888		
1C	A USUAL OC	CCUPATION (Give kind of working life, even if retired	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sta		12. CITIZEN OF WHAT COUNTRY
	Salesman		Put 14 h	ing Ser. Bureau	le l'er l'eric	20	
13	B. FATHER'S	NAME			14. MOTHER S MAID	EN NAME	7
	Joh	Duffy			Julia Shi	lis	1/
	. WAS DECEAS	ED EVER IN U.S. ARME		16. SOCIAL	17. INFORMANT	Α	DDRESS
(Ye	e, no or unknown)	(If yes, give war or dat	es of service)	SECURITY NO.		gher, 25/9 Chur	
-		~ ~				7 7 7 7	0 -10 TERVAL BETWEE
	18.	1		CAUSE	OF DEATH		ONSET AND DEAT
	DISEA	SE OR CONDITION LEADING TO DEA					
		s not mean the mode	of dying, e. s	Ruptur	ed abdominal	aneurysm	***************************************
	injury or	ure, asthenia, etc. It me complication which	caused death	e,	ntraperitonea	l hemorrhage	
		ANTECEDENT CAU	SES				711111111111111111111111111111111111111
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(B)			
6		S OR CONDITIONS. THE ABOVE CAUSE (A					
Ē		YING CONDITION L					
O				(C)			
RTIFICATION	OTHER	II SIGNIFICANT CONE	ATTIONS CON	.1			
R	TRIBUTIN	G TO THE DEATH, BUT	NOT RELATE	ED			
CE		OF OPERATION	And the second second	FINDINGS OF OPER	ATION		20. AUTOPSY?
	ISA. DATE	OF OPERATION	ISB. MASOR	7 11 2 11 00 01 01 21			YES NO
AL	21A FYTER	NAL CAUSE WAS	1 21B. PLA	CE OF INJURY (e.g., in	or 21c. WHERE DIE	(If in Baltimore City,	
DIC	UNDERLYIN	IG OR CONTRIB	about home, f	arm, factory, street, office bldg., e		?	
F		CAUSE OF DEATH			55 01- 1:01/ 515 1	ALLUDY OCCUPA	
	F INJURY	(Month) (Day) (Year		21E. INJURY OCCURR WHILE AT NOT WHILE	ED 21F. HOW DID I	NJURY OCCUR!	
			m.	WORK AT WORK			
	22. I certi	ify that I took cha	rge of the	remains described a	bove, held an Dal	rtial autops/	_ thereon and from
					Au	topsy, Inspection or Inquiry aid deceased died on the	he day stated above
	and de	eath in my opinion	resulted f	rom: natural causes	aecident [], si	cieide [], homicide [].	indetermined [].
	23A. SIGNA		r 17		23B. CHIEF MED	ICAL EXAMINER 1 2	C. DATE SIGNED
	1	alliam 1/	WILLIAM	м	D. MEDICAL INVES	TIGATOR ME	arch 18, 1952
	4A. BURIAL.	Cmanifert		AC. NAME OF CEMETE	RY OR CREMATORY	24D. LOCATION (City, town	or county) (State)
	OH, REMOVAL (52			Now York,	New York
	ATE RECEIVE	D BY REGISTRAR	'S SIGNATU	RE	25. FUNERAL DIREC		ADDRESS
L	WAR 19	P952-11-1	cton W.	Migais MI	Wow & Flo	1217 St	. Paul Street
		1002 . 1000		1/0			
IV	S 151			7904,	4		
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. 2136

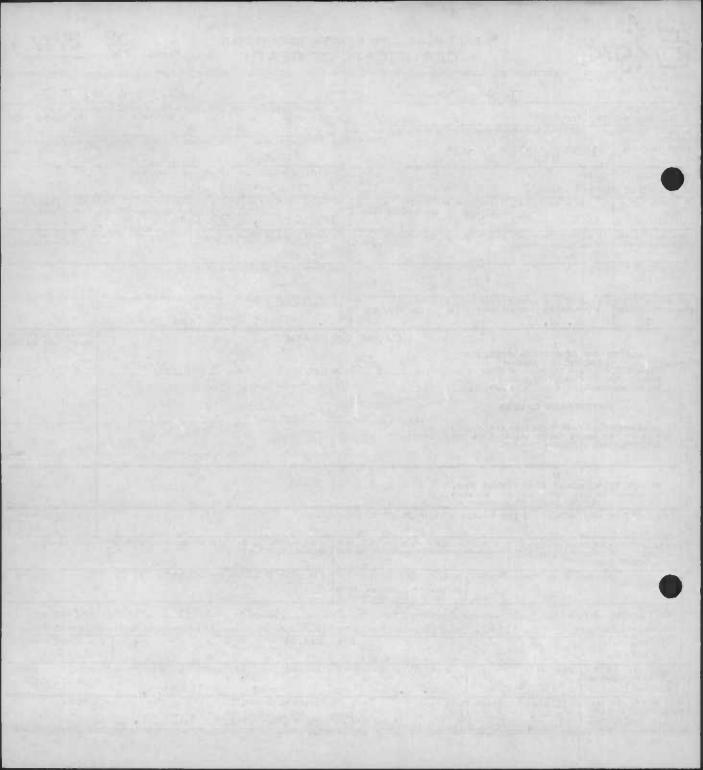
PI DI	RTH NO.	0		CERTIFIC	CATE	OF DEAT	Н	Registered	I NO.	
	NAME OF D	ECEACED					12	DATE		
	ype or Print)		ROBERT	M. D	ONOVA	N SR		OF	rch 18.	1952
	PLACE OF D	EATH:				4. USUAL RESID		deceased lived.	If institution	: residence
-		City, Maryland	. V		11	A. STATE	haa lise	B. COUNTY	bef	ore admission)
H	FULL NAME	OF (II not in nospit	ai or institu	tion, give street ad	ocation)	C. CITY OR TOWN	ryland (If outsi	de corporate lis	nits, write it!	RAL and give
IN	ISTITUTION	725 E. 37t	h Stree	et.				4	- ()	township)
7		127 20 710	11 0 02 01		Yrs.	D. STREET ADDR	ltimore Ess (If rural	give location)		
	anoth of a	tav in Baltimore			Mos.					
	SEX SEX	6. COLOR OR RACE	7. SINGL	E. MARRIED.	Days	8. DATE OF BIRTH	5 E. 37t	n Street	If Under 1 Year	It Under 24 Hours
	ale	white	WIDOV	WED, DIVORCED	(Smanifor)	el. 14, 13		last birthday)	Months Days	Hours Min.
		CUPATION (Give kind of of working life, even if retired)	10B, KIN	D OF BUSINESS	OR	11. BIRTHPLACE			12. CITIZ	ZEN OF
	netype C		Mews			Palitimore	, Marylan	nci		.,
13	FATHER S	NAME		10000	per	14. MOTHER'S MA	IDEN NAME			
	Edus	rd L. Donover	1			Margaret I	E. Com			
	WAS DECEASE	ED EVER IN U. S. ARMEE	FORCES?	16. SOCIAL		17. INFORMANT			ADDRESS	
(10	s, no or unknown)	(If yes, give war or date	s of service)	215-10-67		Ste W. Doro	ovah, 72	5 East 3'	7th Str	et
	18.40	2,1		CA	USE O	F DEATH				RVAL BETWEEN
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SE OR CONDITION	DIRECTLY	,					ONSE	AND DEATH
	(This does	LEADING TO DEA		s. (A) Ar	terio	sclerotic c	ardiovas	cular di	3e 8c	
	heart failt	re, asthenia, etc. It mea	ns the disea	ise,				****************		
	111,012			, 502 10						
		ANTECEDENT CAUS	SES	(9)						
Z		S OR CONDITIONS, I		NG	••••••	***************************************	••••••••	***************************************	••••••	***************************************
NOIL		THE ABOVE CAUSE (A) YING CONDITION LA								
Y				(C)			4			
RTIFICA	071150	11	TIONS							
RT	TRIBUTING	SIGNIFICANT CONDI	NOT RELAT	ED						
CE	PROPERTY OF TAXABLE PARTY.	F OPERATION 1	L. Contract	R FINDINGS OF	OPERA	TION			1 20	AUTOPSY?
3	ISA. DATE C	OF ERATION	JB. MAJOI			, , , , ,			YES	No O
A	21A EXTERI	NAL CAUSE WAS		ACE OF INJURY				Baltimore City		
EDICA	UNDERLYIN	G OR CONTRIB-	about home	, farm, factory, street, of	ffice bldg., etc	.) INJURY OCCU	IR?			
Z	F INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY O		21F. HOW DID	INJURY OC	CUR?		
			m.		T WORK					
1	22. I eerti	jy that I took char	ge of the	remains descr	ribed ab	ove, held an P	artial a	utopsy		n and from
	the evi	idence obtained by	said Aut	opsy, Inspectio	on or In	quiry, find that	said deecas	etion or Inqui	the day st	tated above,
	23A. SIGNA	ath in my opinion	resuited	from: natural	causes				23c. DATE S	
	1	Isliam (1	Som	XX	M.C		ESTIGATOR_		March 18	1952
2. TI	AA. BURIAL.	CREMA 24B. DATE				Y OR CREMATORY			vn, or county)	(State)
1	burial	3/21/52		Purlavood	Comet	ery	THE PARTY OF	ille,		yland
	ATE RECEIVE		S SIGNAT	URE	1	5. FUNERAL DIR	ECTOR	4	ADDRES	
N	AR 1918		eton 6	1/11-5	4	Wm Cooles	Wic.U	4217 5	t. Faul	St.
V	S 151	(1	-	2 1	14				W
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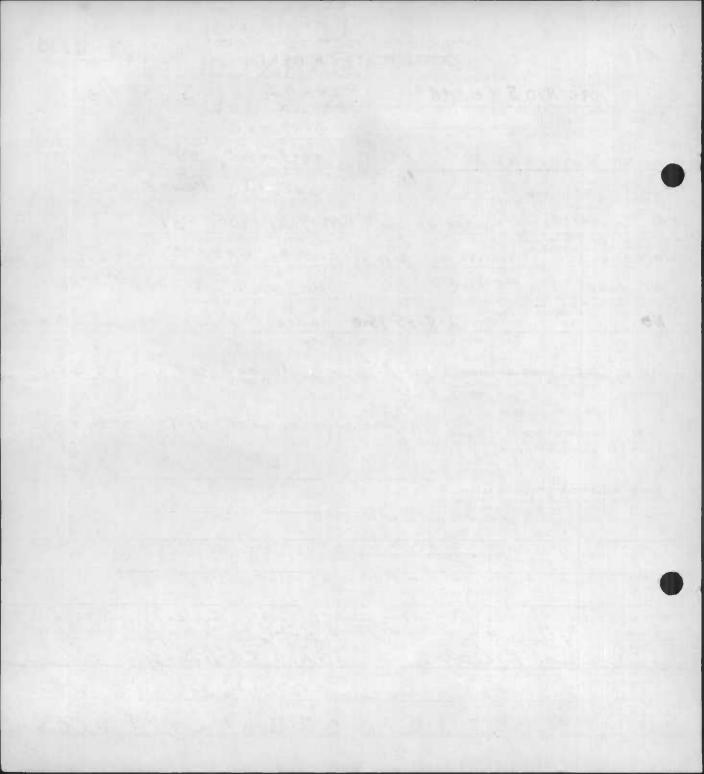
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

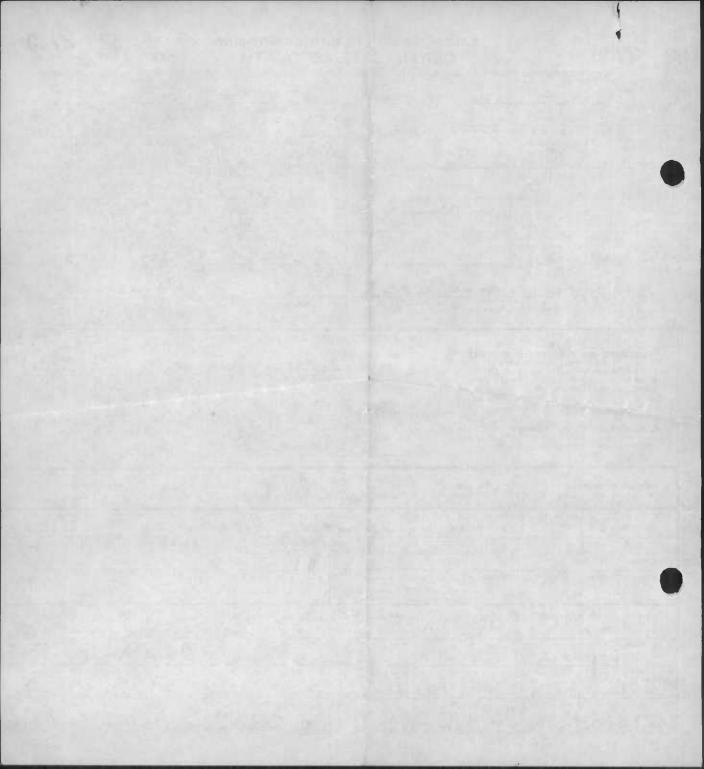
BIRIH	10.						
1. NAME (Type or	OF DE	CEASED C.	le ent	Johnson		2. DATE OF DEATH March	1 15, 1952
	more C	ity, Maryland			4. USUAL RESIDENCE A. STATE M To The and	(Where deceased lived, If B. COUNTY	finstitution: residence before admission)
B. FULL HOSPITA INSTITU	L OR	1800 Birels		ion, give street address or location)		If outside corporate Thai	ts. writ RURAL and give township)
				Yrs. Mos.	D. STREET ADDRESS (f rural, give location)	
		ay in Baltimore		Days	John Persias S	02.00	
5. SEX		6. COLOR OR RACE		E. MARRIED. /ED. DIVORCED (Specify)	October 13, 189	last hirthday) M	If Under 1 Year on the Days Hours Min.
10A. USL work done du	JAL OCC	CUPATION (Give kind of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Ploride.	foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATH	ER'S N	AME			14. MOTHER'S MAIDEN	NAME	
			-		der that		/
15. WAS	DECEASE	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS
yes		W. w. I		SECORITI NO.	Mrs. Fowler, 180	O Ferclay Sti	reet
NO DI RISTUUM NO TRA UNITED NO DI RISTUUM NO	SEASES BE TO TH NDERLYI	not mean the mode of e, asthenia, etc. It mea complication which of antecedent Causantee (A) in Gondition (A	ns the diseas raused death SES F ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE	(B)	Insuary To		J. J. J. J. J. S. G.
				FINDINGS OF OPER	ATION		20. AUTOPSY7
Y							YES NO
E CAU	SE OF E		about home,	ACE OF INJURY (e. g., in arm, factory, street, office bldg., e		(If in Baltimore City,	give exact location)
O in	TIME (I	Month) (Day) (Year)	(Hour)	WHILE AT NOT WHILE AT WORK	ED 21F. HOW DID INJU	RY OCCUR?	
22. 1	herebu	eertify that I att	ended the	deceased from 2 -	25 , 19 32 to	3-14 ,19	E2that I last saw the
deee	ased ali	ive on 3- 12/	, 1922,	and that death occur	rred at 9 p. m., from	the eauses and on t	he date stated above.
	SIGNAT		Plan	M. O.	38. ADDRESS	law St	3-19-52
24A. BU TION, REM	OVAL (SI	REMA- 24B. DATE occify) 3/07/5			nal Cenatery	Reltimore,	Maryland (State)
DATE RI LOCAL MAR			s SIGNATU	Himmons	Nm, Bale, Inc		ADDRESS
3/0	150	/	1 1	was end	A10		



2	2738 RTH NO.	CERTIFICATE		Registered No	2738
	NAME OF OECEASEO pe or Print) ARGIRIO 5	(HARRY) P	00405	2. DATE OF 3/17	152.
B. I HO INS	SPITAL OR STITUTION	or institution, give street address or location)	MARYLAND	ere deceased lived. If in B. COUNTY	stitution: residence before udmission) write EURAL and give township)
c.	Dength of stay in Baltimore	/6 Yrs. 4 Mos. Days	605 S. (If rur	rul give location)	
/	MALE WHITE	WIDOWED, DIVORCED (Specify)	MAY 21, 1900		hs Days Hours Min.
RE	FATHER'S NAME	OB. KIND OF BUSINESS OR INDUSTRY NOVSTRIAL CAFETRIA OULOS	11. BIRTHPLAGE (State or fore) CH/O 5, GREE 14. MOTHER'S MAIDEN NAM POULOUB / /	SCE IN A	2. CITIZEN OF WHAT COUNTRY? UNITED STATE SOULA.
15. (Yes.	WAS DECEASED EVER IN U. S. ARMED F no or mknown) (If yes, give war or dates of	orces? 16. SOCIAL SECURITY NO 218-05-95-0	17. INFORMANT James S. Alele	ADI	Jen ar. 24, a
RTIFICATION	DISEASE OR CONDITION DI LEADING TO DEATH (This does not mean the mode of of the condition which cau ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) STUNDERLYING CONDITION LAST	RECTLY dying, e.g., the disease, seed death.) DUE TO S (B) Arriver TATING THE (C)	is selessoi	gaelusis sy Hyperte	
CEF	TRIBUTING TO THE DEATH, BUT NO TO THE DISEASE OR CONDITION C	OT RELATED CAUSING IT.			
CAL	19A. DATE OF OPERATION 19B	. MAJOR FINDINGS OF OPERA	ATION		YES NO
MEDIC	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) a TIME (Month) (Day) (Year) (High property)	21B. PLACE OF INJURY (e.g., in about bome, farm, factory, atreet, office bldg., et Hour) 21E. INJURY OCCURRE WHILE AT NOT WHILE M. WORK AT WORK	c.) INJURY OCCUR?	in Baltimore City, giv	ve exact location)
TIO	22. I hereby certify that I attendeceased alive on 2/17. 23A. SIGNATURE A. BURIAL, CREMA- N. REMOVAL (Specify) TE RECEIVED BY REGISTRAR'S SCAL REGISTRAR A. 1 9 19 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	aded the deceased from 1952, and that death occurred 1952, and that death occurred 1952, NAME OF CEMETER 1952, Creek, Con	THE ALL OF THE STATE OF THE STA	eauses and on the	3/18/5
	VS 150	2900	o M		



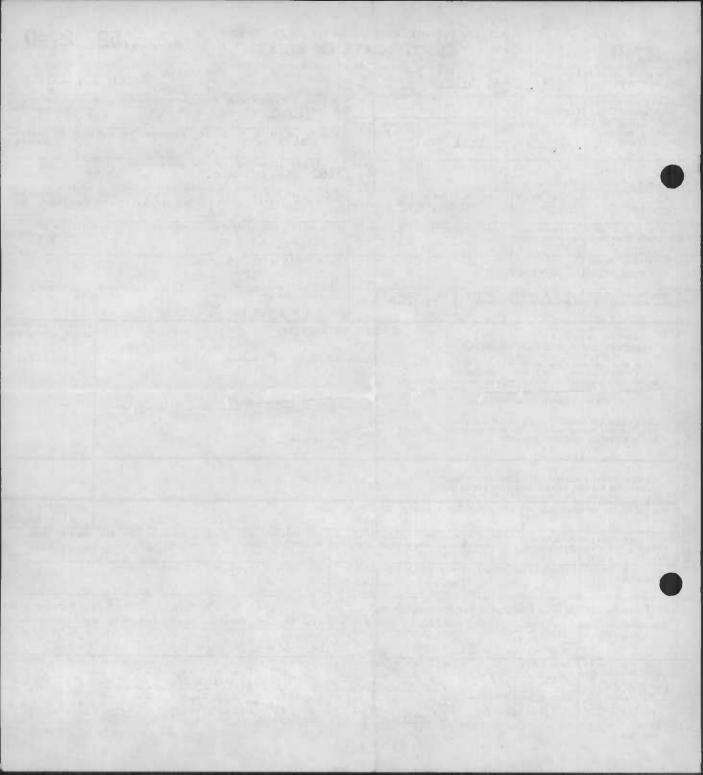
STAMATACOS BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) STOWATALOS 1211 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : row detice B. COUNTY A. Baltimore City, Maryland A. STATE obefore admission) W B. FULL NAME OF HOSPITAL OR (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporte limits, write RURAL and cire INSTITUTION BARTA MAVE MION D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (in years | H Under | H Under 24 Hours | last birthday) | Months: Days | Hours | Min. 8. DATE OF BIRTH WIDOWED DIVORCED (Specify) 1-17-1887 65 10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF sork done during most of working life, even if retired) INDUSTRY LESTAUMANT awasy C125666 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MICO ISTO 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 17. INFORMANT (Yes, no or unknown) SECURITY NO. MM INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH EDATOMA & THE (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-Salmeco Cyr TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF QPERATION 20. AUTOPSY enatomata 4/ multiple 21c. WHERE DID 21B. PLACE OF INJURY (e.g., in or | (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 3 - 17 , 195 That I last saw the 22. I hereby certify that I attended the deceased from -3 -11 19.5 % to___ P m., from the cayses and on the date stated above. deceased alive on 3-17, 1954, and that death occurred at 23A. SIGNATURE 24C. NAME OF CEMETERY OR CREMATORY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR VS 150



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2 RIRTH	20	40	

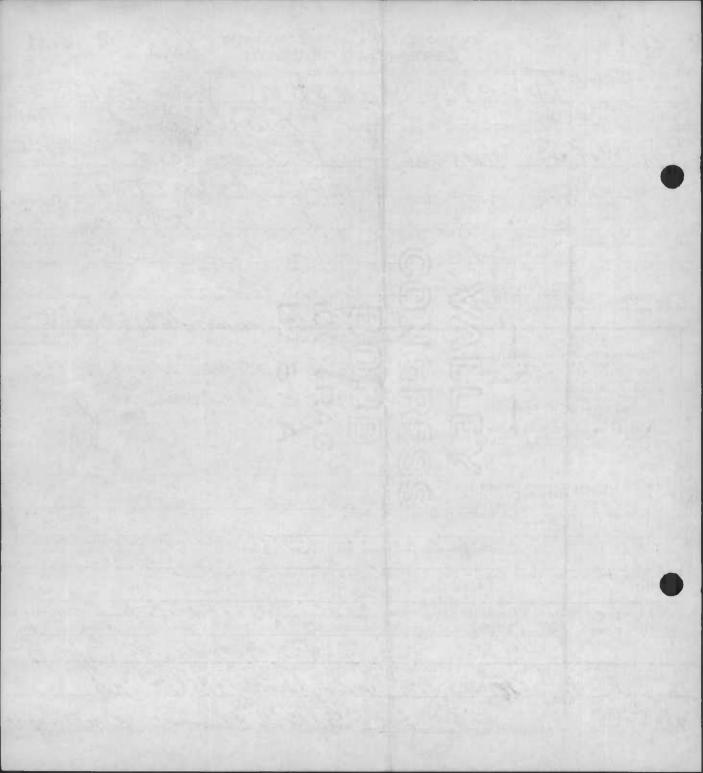
BALTIMORE CITY HEALTH DEPARTMENT 52 2760

BIRTH NO. 40	CERTIFICATI	E OF DEATH	Registered No.	, , , , , , ,
1. NAME OF DECEASED (Type or Print) Mrs. Ar	nna Schul		2. DATE March	18, 1952
S. PLACE OF DEATH: A. Baltimore City, Maryland		A. USUAL RESIDENCE (Where deceased lived. If ins B. COUNTY	stitution : residence before admission)
B. FULL NAME OF (If not in hospital HOSPITAL OR INSTITUTION St. Agnes Ho	or institution, give street address or location)	c. CITY OR TOWN (I	outside corporate limits.	rhe (ORAL and give township)
c. Ongth of stay in Baltimore	Yrs. Mos. Days	3162 Wilkins Av	f rural, give location) e	
5. SEX 6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED DIVERGED (Specify)	8. DATE OF BIRTH July 12	9. AGE (in years Un last birthday) Mont	der 1 Year If Under 24 Hours hs: Days Hours Min.
10A. USUAL OCCUPATION (Givekind of ork done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Maryland	foreign country) 1;	2. CITIZEN OF WHAT SOUNTRY?
13. FATHER'S NAME Rosenber	ger	14. MOTHER'S MAIDEN N	NAME	
15. WAS DECEASED EVER IN U. S. ARMED (Yes, no or unknown) (If yes, give war or dates	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT HOSPITA	Records,	DRESS
DISEASE OR CONDITION E LEADING TO DEAT' (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which ca ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAS OTHER SIGNIFICANT CONDIT	dying, e. g., s the disease, used death.) ES ANY, GIVING STATING THE OUE TO IT. (C)	osalestic Co.	Lovescale	
TRIBUTING TO THE DEATH, BUT N TO THE DISEASE OR CONDITION	IOT RELATED			
19a. DATE OF OPERATION 19	B. MAJOR FINDINGS OF OPER	ATION		YES NO
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	218. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,		(If in Baltimore City, giv	ve exact location)
21D. TIME (Month) (Day) (Year)	m. WHILE AT NOT WHILE			Al I I
22. I hereby certify that I attendeceased alive on 3/18 23A. SIGNATURE	, 195 L. and that death occur	7/4, 1952, to rred at 2'40 Pm., from 23B. ADDRESS SL Ugnes	the causes and on the	that I last saw the date stated above. 23c DAJE SIGNED
24A. BURIAL, CREMA- 24B. DATE TION REMOVAL (Specify) 3-2,0 DATE RECEIVED BY REGISTRAR'S LOCAL REGISTRAR MAR 191952	24C. NAME OF CEMETE -1952 HOLY KEDE SIGNATURE	EN OR CREMATORY 24D. EMERCEM Bel 25 FUNERAL DIRECTOR LONGROUS 6.4		ADDRESS ADDRESS ADDRESS

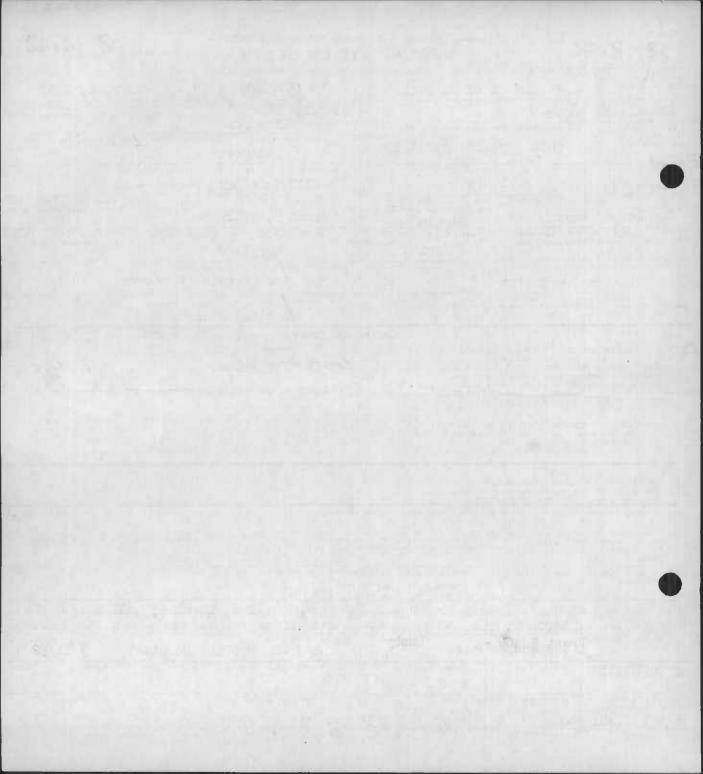


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIRTH NO.	
1. NAME OF DECEASED (Type or Print)	(A (A M) 2. DATE OF 3-15-57
S. PLACE OF DEATH: Politinano City Manyland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A, STAFE COUNTY before admission)
A. Baltimore City, Maryland	A. STATE MANAGE COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location)	C. CITY OR TOWN Mi outside corporate limite write RUPA Land give
INSTITUTION IN I	township)
Dar-112 1-a lurguyme	Pallemore 1-01
Yrs.	D. STREET ADDRESS (If rural, give location)
c. Dength of stay in Baltimore Days	1613-460077-31
5. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years If Under I Year If Under 21 Hours
WIDOWED, DIVORCED (Specify)	7 last birthday Months: Days Hours: Min.
TOA LICENSA COCCUPATION (C) AND ASSESSMENT OF THE COCCUPATION (C)	1 10 11
10A. USUAL OCCUPATION (Give kind of tob. KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) / 12 CITIZEN OF WHAT COUNTRY?
Laforer	Culh
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1 s. Kana	1 1/8
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	a fun
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	Weldorman 1607 E. Mad 8
18. 442 X CAUSE	OF DEATH
	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	dis-l'asculai. sous
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	un vorment orda
injury or complication which caused death.) DUE TO	. I dirical
ANTEGERENT CAUGES	na aller
ANTECEDENT CAUSES	
O DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
U SINDENE SIND CONTENTS OF EACH	
<u>u</u> (c)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED	
TO THE DISEASE OR CONDITION CAUSING IT.	ATION.
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	
21A. ACCIDENT. SUICIDE, 21B. PLACE OF INJURY (e.g., i. about home. farm. factory, street, office bldg.,	YES NO NO
2 1A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 2 1B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,	
<u>ш</u>	
P. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
INJURY WHILE AT NOT WHILE	
m. WORK TWORK	
22. I hereby certify that I attended the deceased from	1951, to 100 /5, 1952, that I last saw the
deceased alive on 1142.15 1952, and that death occur	rred at 633 Am., from the causes and on the date stated above.
	3B. ADDRESS 1 23C. DATE SIGNED
M. D. S	124-11/11/2000ay 3/15/52
24A. BURIAL, CREMA- 24B. DATE A 20 24C. NAME OF CEMETE	RY OR CREMA DORY 240. LOCATION (City, Jown, or county) (State)
TION, REMOVAL (Specify) by	I well wolf (I a Al h a)
	rogumery CVCV/14
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR (DDRESS
MAR 191952 Tuntington Williague Thick	611 18 Ul & Simons 15-15 mo Flower 14
VS 150	The state of the s
VO 100	•



-	000	>					
В	52 2 RTH NO. 7	742 0562			TE OF DEATH	Registered R	2 2742
	NAME OF D		ant of	Cleo Show	(592560)	2. DATE OF Marc	h 6, 1952
A.		City, Maryland			4. USUAL RESIDENCE (W	here deceased lived. If B. COUNTY	institution: residence before admission
H	DSPITAL OR	OF (If not in hospit		location		outside corporatedimit	write RVRAL and give
11/	STITUTION	The Johns Ho	opkins l	Hospital	Baltimore		township
	angth of s	tay in Baltimore	1 day	Yrs Mos	1772 East 30th		
	SEX	6. COLOR OR RACE	7. SINGLE	Day , MARRIED,	8. DATE OF BIRTH	9. AGE (In years)	Under 1 Year If Under 24 Hours
	Female	White	Si	ED, DIVORCED (Special Ingle	March 5, 1952	last birthday) Mo	nths Days Hours Min.
worl	done during most o	CUPATION (Give kind of of working life, even if retired)		of Business or INDUSTR	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
13	Infa FATHER'S N		11	mane	Maryland 14 MOTHER'S MAIDEN NA	N.F.	
		iam James Sho	ow.		Cleo Lorrai	···	
15 (Ye	. WAS DECEASE	D EVER IN U. S. ARME!	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	Al	DDRESS
``				SECORITI NO.	Hospital Re	cords	
LIFICATION	heart failu injury or DISEASES RISE TO TI	not mean the mode of re, asthenia, etc. It mea complication which of the complication which of the complication which of the complication which of the complication which conditions in the above cause (A) in the condition condition can be conditionally the condition of the complete cause of the	ns the disease caused death. SES F ANY, GIVIN STATING TH	(B)	remainsty		
CERTI	TRIBUTING	IGNIFICANT CONDI TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE	D			
Ĭ.				FINDINGS OF OPE	ERATION		20. AUTOPSY?
MEDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g.		f in Baltimore City, g	
2	INJURY	Month) (Day) (Year)		VHILE AT NOT WHILE WORK AT WORK	E	OCCUR?	
	22. I hereby	y eertify that I att	ended the	deceased from M	larch 5, , 1952, to Nurred at 7.20 An., from the	larch 6, 1952	, that I last saw the
	23A. SIGNAT	URET Tent	Jus li	Busby	23B ADDRESS The Johns Hopkir		23c DATE SIGNED 3/11/52
24 TIC	A. BURIAL, C N. REMOVAL (S	REMA- 24B. DATE pecify)	1	4c. NAME OF CEMET	TERY OR CREMATORY 240 LC		1 / .
D/ LC	ATE RECEIVED	BY REGISTRAR	S SIGNATU	RE N.P	25. FUNERAL DIRECTOR		ADDRESS
	VS 150	Thurting	118	vocation ,	£ 1 1 U		

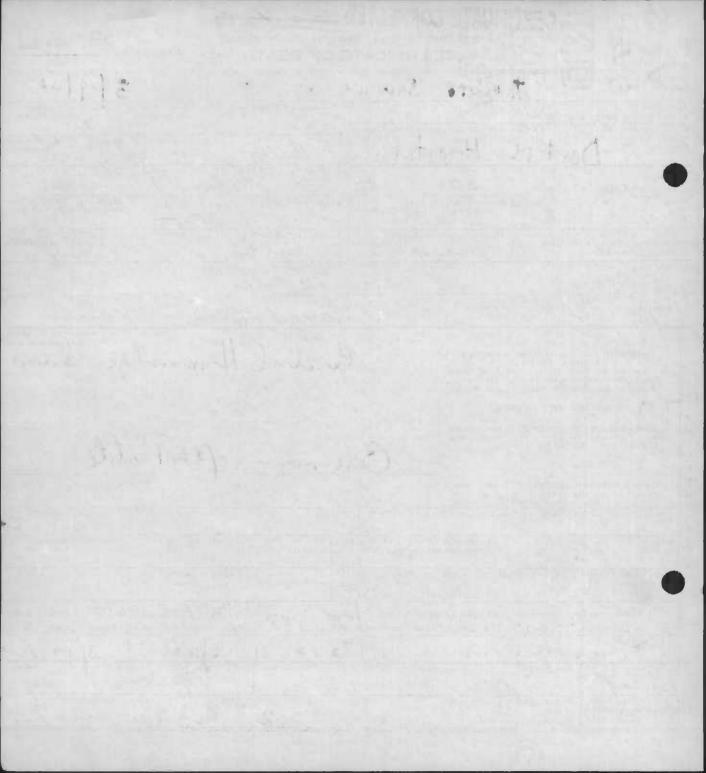


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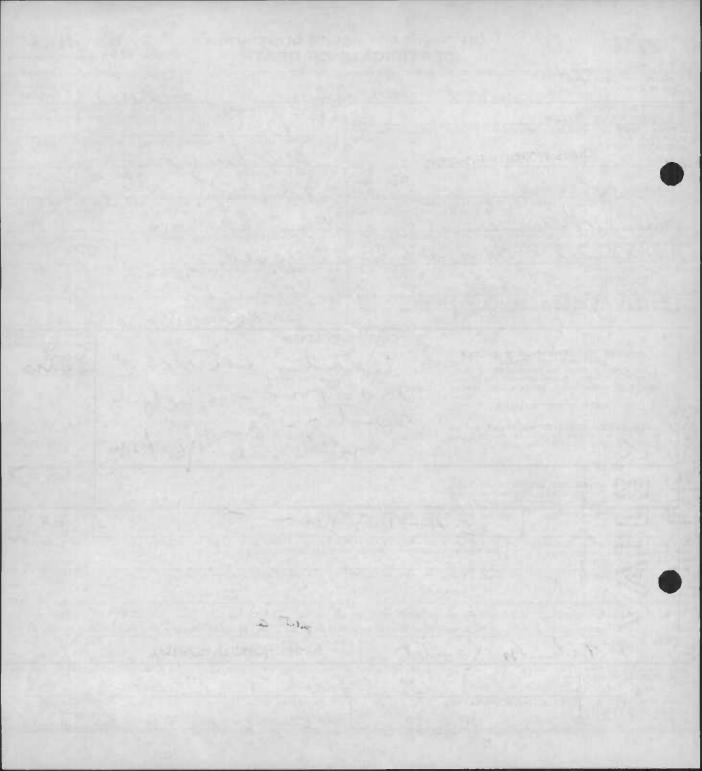
	52	2743
Registered	No.	

CERTIFICATE OF DEATH

BINTH NO.							
1. NAME OF DECEASED (Type or Print) TSACORE Sh	MAN	8	27	2. DATE OF DEATH	3	19	SV
3. PLACE OF DEATH: A. Baltimore City, Maryland	vings of the second	4. USUAL	RESIDENCE (Where deceased B. COU			residence re admission)
B. FULL NAME OF (If not in hospital or institution, give stree HOSPITAL OR INSTITUTION)	et address or location)	c. CITY OR	TOWN (If outside corpor	at limits,	7	73
c. Length of stay in Baltimore 30	Yrs.	1 300	12.01	f rural, give loca	ation	-	
Male 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCE WILLOW	CED (Specify)	8. DATE OF	BIRTH	9. AGE (In last birth)	years If Un day) Mont	det I Yeat hs: Days	il Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during mont of working life, even if retired)	ESS OR INDUSTRY	11. BIRTHP	LACE (State or	foreign country) 11	WHAT	EN OF COUNTRY
13. FATHER'S NAME		14. MOTHER	R'S MAIDEN I	NAME			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unhunwn) (If yes, give war ur dates of service) SECUR	RITY NO.	17 INFORM	et Slus	acon -	ADO	RESS	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES			rol H	emnor fthe T	rhage	ONSET 3	AND DEATH
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Can	Ciro	n - *	1241	74,344		
194. DATE OF OPERATION 198. MAJOR FINDINGS	OF OPERA	ATION				1	UTOPSY?
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) about home, farm, factory, atree			ERE DID OCCUR?	(If in Baltimor	e City, giv	YES L	location)
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY INJURY WHILE AT WORK	NOT WHILE	D 21F. HO	W DID INJUR	Y OCCUR?			
22. I hereby certify that I attended the deceased fr		- 1	, 19 5, to 7	rul A			ast saw the
deceased alive on Mark 19, 1952, and that de		red at 3 3 BB. ADDRESS 273	m., from	the causes ar			ated above. TE SIGNED
24A. BURIAL, CREMA- TION REMOVAL (Specify) 3/20/1952 24C. NAME O		Pun	ATORY 240.	Bull Bull	ty, town, or	county)	They
DATE RECEIVED BY REGISTRAR'S SIGNATURE	- MA	25. FUNERA	Laus J	An 1 21.	00 60	Jan	o P.A.



	340						
2	2735				HEALTH DEPARTMENT	Registered No	27/4
	IRTH NO.						
	NAME OF I	DECEASED	war	1 The	dell	2. DATE OF DEATH	19-1952
Α.		City, Maryland			4. USUAL RESIDENCE	Where deceased lived. If in	stitution: r/sidence before admission)
H	FULL NAME OSPITAL OR STITUTION			on, give street address locatio		f outside comprate limits,	write RURAL and give
7	23	JOHNS HOP	KINS HOSP	ITAL Yrs	D. STREET ADDRESS (If	rural, give locations	township
-		stay in Baltimore		5 Mos	22/2	y st.	
1	nale	o. COLOR OR RAC	WIDOWI	, MAGRIED, ED, DIVORCED (Specie	4-15-86		der I Year II Under 24 Hours hs Days Hours Min.
worl	A. USUAL OOK done during most	CCUPATION (Give kind of working life, even if retire	of 10B. KIND	OF BUSINESS OR INDUSTR		oreign country) 1	2. CITIZEN OF
13	FATHER'S	NAME TI	1000	Store (4)	14. MOTHER'S MAIDEN N	HOIN.	
15 (Ye	S. WAS DECEAS	ED EVER IN U. S. ARM	ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT JOHNS HOP	ZI) ie	PRESS
	10 1 1	/ \		CALLOT		KINS HOSPITAL	INTERVAL BETWEEN
	18. / 5	4 N 1		CAUSE	OF DEATH	-1	ONSET AND DEATH
		SE OR CONDITION LEADING TO DE	ATH	Pi	to 7: 1.19	That 1	20
	(This doe heart fail	s not mean the mode ure, asthenia, etc. It m	of dying, e.g.	, (A)	rouses, and	s result	0640
		eomplication which			Monnoy?	1000	
		ANTECEDENT CAL	JSES	0.00		Holym	
Z	DICEACE	S OR CONDITIONS		grese	dion		***
CATION	RISE TO	S OR CONDITIONS, THE ABOVE CAUSE (A) STATING THE		1 Tons	$n(D, A, \dots)$	
Y	UNDERL	YING CONDITION	LAST.	(c) (a	chon	Mersum	
F					7	00100.	
ERTI	TRIBUTIN	II BIGNIFICANT CONI G TO THE DEATH, BU	T NOT RELATED				
U		OF OPERATION	198. MAJOR		EPÁTION.		20, AUTOPSY?
AL	IOA. DAIL	or or Enarion	100.111791	A ren	Cu		YES TOPST
EDICA		DENT WAS UNDER- R CONTRIBUTING	3 . 3 . 4	CE OF INJURY (e. g. rm, factory, street, office bld		If in Baltimore City, giv	
Σ	D. TIME	(Month) (Day) (Yes	r) (Hour) 2	1E. INJURY OCCUR	RED 21F, HOW DID INJUR	Y OCCUR?	
	INJURY			HILE AT NOT WHILE WORK AT WORK		,	
		by certify that La			15 1923 to_		that I last saw the
	deceased of		9, 10 × 2, a	nd that death oce		the cause's and on the	
	23A. SIGNA	men	nKa	rolet M. D.		HOSPITAL	3.19 1
TIS	BURIAL, REMOVAL (CREMA- 24B. DATE Specify)	- 12- 2	Dette T	FERY OR CREMATORY 24D. L	OCATION (City, town, or	county) (State)
D	THE RECEIVE	REGISTRAL	R'S SIGNATUR	RE (all Levery	ne 2100 6	DORESS PO
	VS 150	· Hunted	1 2 66	290	28 79 1		



BALTIMORE CITY HEALTH DEPARTMENT Registered No. 2745 CERTIFICATE OF DEATH 1. NAME OF DECEASED A 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF Alf not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits write LURAL and give INSTITUTION township) D. STREET ADDRESS (If rural, give location) Yra. Mos. ngth of stay in Baltimore Days 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 9. AGE (In years If Under 1 Year If Under 24 Hours last birthday) Months: Days Hours: Min. 00 Marino 10A. USUAL OCCUPATION (Givekindel) 108. KIND OF BUSINESS OR THPLAGE (State or foreign country) 12. CITIZEN OF Maring sport of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 18. 42011 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) . 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT YES DICA 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE WHILE AT WORK . 19 That I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on 3 - 18 19 Tand that death occurred at m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED Jaco 0 4 24A. BURIAL, ČREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) suren DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS RAR'S SIGNATURE LOCAL REGISTRAR

VS 150

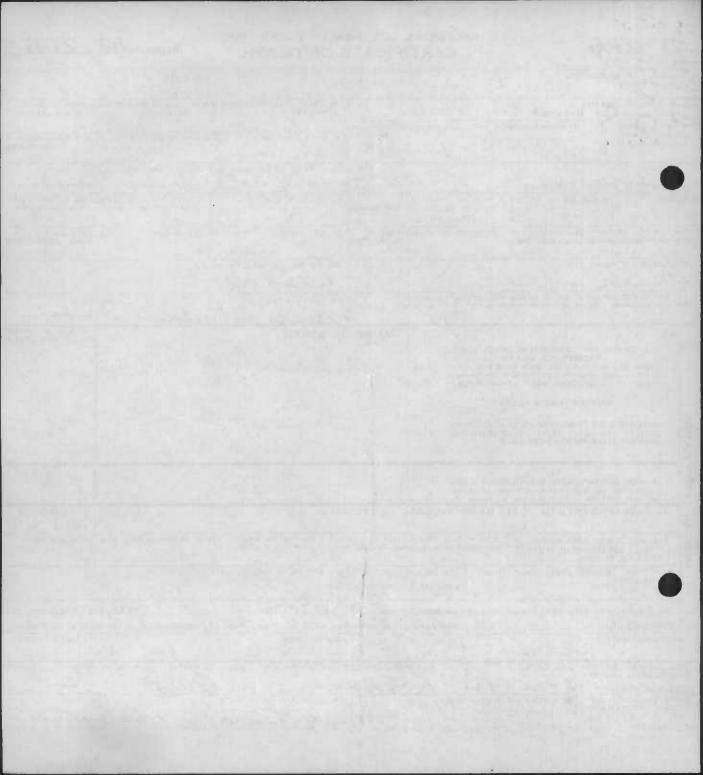
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Sof was as a service

35	7/
25	2736
BIRTH	NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

-	RTH NO.	(金)		CERTIFICA	ATE	E OF DEATH	Registered N	6. 619	D
	NAME OF D	ECEASED Sitn	CER T	oby			2. DATE OF DEATH 3. 19	.52	
3.	PLACE OF D	EATH: City, Maryland	inai t	tospital		4. USUAL RESIDENCE (W		nstitution : resid before ad	
B. I	FULL NAME	OF (If not in hospit	al or institut	ion, give street addre	ss or	Maryland		10	,
	SPITAL OR		11.1	locat	tion)	C. CITY OR TOWN (If	outside corporate limits	write RURAL	and give
1	2	Sinai Hosp	ital	Baltimore 1	10	Baltimore	1)	100	wnship)
					rs.	D. STREET ADDRESS (If r	ural, give location)	9	
4	ngth of s	tay in Baltimore		V 2	1075	4024 Cold	spring 1	(ama	-
5.	SEX	6. COLOR OR RACE	7. SINGLE	MARRIED, ED, DIVORCED (Sp	anify)	8. DATE OF BIRTH	9. AGE (in years Mon	Under I Year II Unde	r 24 Hours
	F.	W.		rried	001137	2.	64	ins. Days Hour	372 272
10	USUAL OC	CUPATION (Givekind of	10B. KIND			11. BIRTHPLACE (State or for	reign country)	12. CITIZEN O	
DIK	House	of working life, even if retired)		INDUS	IRY	Russia		WHAT COL	
13,	EATHER'S N	NAME				14 MOTHER'S MAIDEN NA	ME		
-7	France	K				Kulla			
15.	WAS DECEASE	ED EVER IN U. S. ARMET	FORCES?	16. SOCIAL		W. INFORMANT	A.F.	DRESS	
Y es.	, no or naknowa)	(If yes, give war or date	s of service)	SECURITY N	Ю.	18 1.4		Transit of the state of the sta	2
1	18. 2.2.1			CALI	17	OF DEATH	unc - 9	INTERVAL B	ETWEEN
	J-14/	X 1		CAUS		OF DEATH		ONSET AND	
		SE OR CONDITION	rH	_	18	O Complexe	1 1000 -11		
	(This does	not mean the mode oure, asthenia, etc. It mea	f dying, e. g	(A)	:Y	. A. Cerebra	.l hemorrhad	<u>e</u> .	
		complication which							
		ANTECEDENT CAUS	ES						
				(B)					
2		S OR CONDITIONS, IN							
		ING CONDITION LA							
إذِ				(C)			***************************************	•••	
		11							
		IGNIFICANT CONDS							
5		ISEASE OR CONDITION							
1	19A. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS OF	PER	ATION		20. AUTO	TT2
5 -			1					YES	ио 🖾
1		ENT WAS UNDER- R CONTRIBUTING DEATH	about home, f	CE OF INJURY (earm, factory, street, office)	e.g., ir bldg.,e	1 21C. WHERE DID (1)	f in Baltimore City, gi	ive exact location	n)
	21D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCC	URRI	ED 21F. HOW DID INJURY	OCCUR?	1 - 3 / 1	
E,	INJURY		m. Y	WHILE AT NOT W					
22. I hereby certify that I attended the deceased from 3. 18 52, 19, to 3. 19. , 1952, that I last saw							an the		
1						red at 5 20 Am., from th			
ŀ	23A. SIGNA		-, 10	and that death o		3B. ADDRESS	t canoco ana on in	23c. DATE S	
	1	Goldbe	ro p	lorris, M.D		1014 N. Brod	adway	3. 19.	52
24						RY OR CREMATORY 240. LC	CATION (City, town,	or eounty)	(State)
L	Devis	2-20	2	Kosa	d	ale 1	talto	nec	1
	TE RECEIVE			RE .	1	25. FUNERAL DIRECTOR	0	ADDRESS	0
N	IAR 201	952 think	ington	Holliaux.	1/2	Jack Kewis	De 21000	Sutan	12
	VS 150		0	/	1				



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED SAMUEL 2. DATE DEATH 9 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence B. COUNTY before admission) A. Baltimore City, Maryland A. STATE B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write MURAL and give INSTITUTION 19-4-2 Mos. ngth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. Mala hugke 10A. USUAL OCCUPATION (Givekind of) 108. KIND OF BUSINESS OR 11. BIRTAPLACE (State or foreign country) 12. CITIZEN OF o during most of working life, even if retired) INDUSTRY WHAT COUNTRY? fall muni soco 13. FATHER'S NAME MOTHER'S MAIDEN NAME rua 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL **ADDRESS** (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO CAUSE OF INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING

RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

198. MAJOR FINDINGS OF OPERATION

19A. DATE OF OPERATION

21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER-

LYING OR CONTRIBUTING CAUSE OF DEATH

about home, farm, factory, street, office bldg., etc.) 21E. INJURY OCCURRED

1D. TIME (Month) (Day) (Year) (Hour) WHILE AT

WORK

NOT WHILE!

22. I hereby certify that I attended the deceased from. 195 and that death occurred at

24C. NAME OF CEMETERY OR CREMATORY

BURIAL. CREMA-REMOVAL (Specify)

deceased alive on 3/16

REGISTRAR'S SIGNATURE

21F. HOW DID INJURY OCCUR?

21c. WHERE DID

INJURY OCCUR?

23a. ADDRESS

m., from the causes and on the date stated above.

24D. LOCATION (City, town, or county)

(If in Baltimore City, give exact location)

20. AUTOPSY? YES

23c. DATE SIGNED

DDRESS

. 195 that I last saw the

VS 150

DATE RECEIVED BY

INJURY

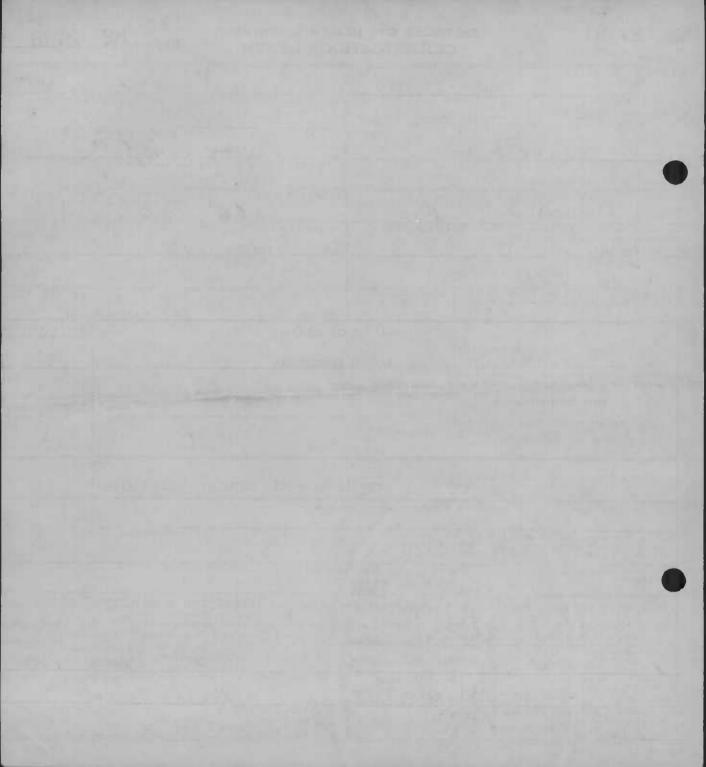
23A. SIGNATURE

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peropose yourse

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

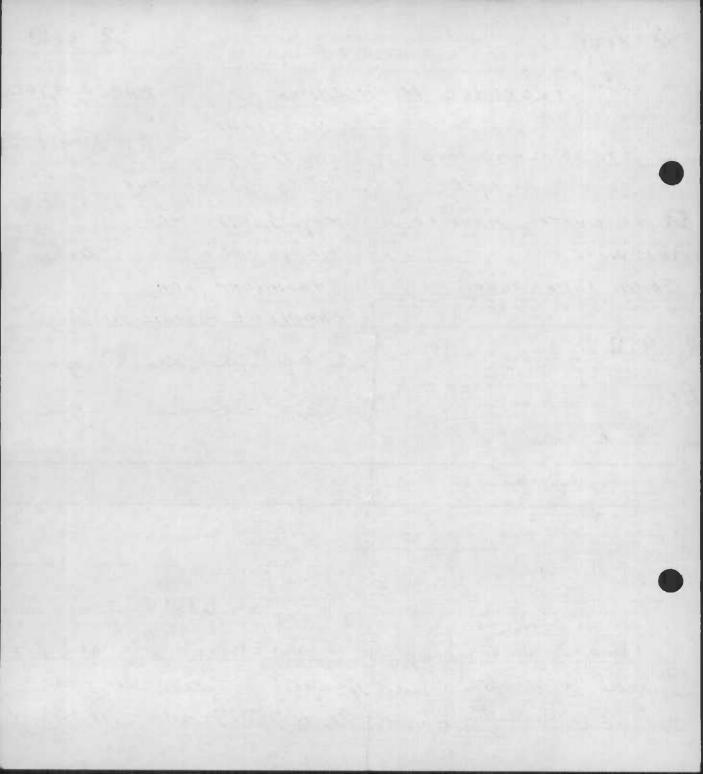
	CERTIFICATI	E OF DEATH	Registered No.	410
BIRTH NO.			Longe	
1. NAME OF DECEASED (Type or Print) SUSIF	FORD		of DEATH March	
3. PLACE OF DEATH: A. Baltimore City. Maryland		4. USUAL RESIDENCE (W	here deceased lived, If ins B. COUNTY	titution: residence before admission)
B. FULL NAME OF (If not in hospital or institution) HOSPITAL OR INSTITUTION	ition, give street address or location)	Maryland c. CITY OR TOWN (If	outside corporate limits, w	Att RURAL and give township)
University Hospi	tal	Baltimore		to with the
	Yrs. Mos.	D. STREET ADDRESS (If r		
5. SEX 6. COLOR OF RACE 7. SINGLE	Days	8. DATE OF BIRTH	nvey Street	lar I Vane I II Hadar 24 House
female 6.COLOR OR RACE 7. SINGLE 7.	LE. MARRIED, WED, DIVORCED (Specify)	1866	9. AGE (In years last birthday) Month	Bays Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIN work done during most of working life, even if retired)	D OF BUSINESS OR	11. BIRTHPLACE (State or for	reign country) 12	CITIZEN OF
House Wife	INDOSINI	Cambridge	Va.	WHAT COUNTRIL
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	. /
Backor Bell		HILEN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADD	RESS Balto
		JOHNSON	109 CONYNO	14 St. Md.
18. L/4/X	CAUSE	OF DEATH		NTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	Y			ONSE! AND DEATH
(This does not mean the mode of dying, e	Lobar	pneunonia		
heart failure, asthenia, etc. It means the dise	ase,	***************************************		***************************************
injury or complication which caused dea	th.) DUE TO			
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, IF ANY, GIV			•••••	***************************************
RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.				
4 U	(C)			
OTHER SIGNIFICANT CONDITIONS CO	D.N.			
TRIBUTING TO THE DEATH, BUT NOT RELA	TED Arteri	osclerotic cardio	vascular disea	se
	R FINDINGS OF OPER	ATION		20. AUTOPSY?
. I TOX. DATE OF OF ENTITION				YES NO X
	ACE OF INJURY (e. g., i. e, farm, factory, street, office bldg.,		f in Baltimore City, give	exact location)
Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
F INJURY	WHILE AT NOT WHILE			
22. I certify that I took charge of the		bove, held an inspect	ion & inquiry	thereon and from
the evidence obtained by said Au		Autopsy, I	nspection or Inquiry	
and death in my opinjon resulted	from: natural causes	M, accident □, suicide	\square , homicide \square , und	etermined .
23A. SIGNATURE	la eleer	238. CHIEF MEDICAL E ASSISTANT MEDICAL E	XAMINER 23c.	DATE SIGNED
ZAA. BURIAL. CREMA 24B. DATE TION, REMOVAL (Specify)	24c. NAME OF CEMETE		OCATION (City, town, or	county) (State)
Surial 3-20-52	mit- auk	un Bo	ello me	1.
DATE RECEIVED BY REGISTRAR'S SIGNAT	URE 1 Seal A Seal	25. FUNERAL DIRECTOR	20 2	DDRESS
MAR 201952 1 Tuntings	sprace, , ,	marks H.	xlexande	1
V S 151				



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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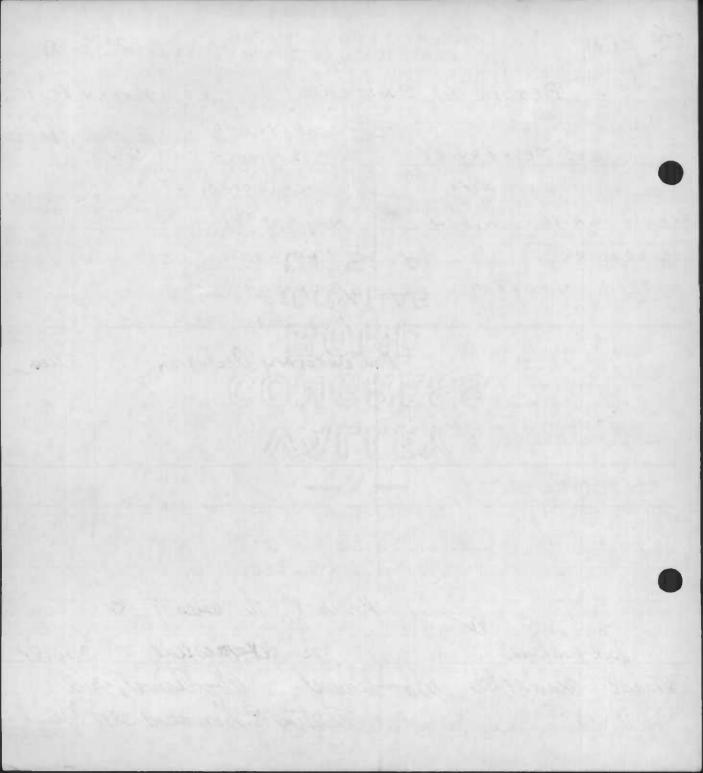
BIRTH NO.	E OF DEATH Registered No.
1. NAME OF DECEASED	2. DATE
FLORENCE M. HO	SHALL DEATH MARCH 19,1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If nut in hospital or institution, give street address or HOSPITAL OR lucation)	
INSTITUTION _	township)
3703ROLAND AVE.	BALTIMORE
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore LIFE Days	3703 MOLAND AVE
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under I Year If Under 24 Hours last birthday) Months: Days Hours Min.
EMALE WHITE MARRIED	MAY 29,1871 80
10A. USUAL OCCUPATION (Give kind of or kind or kind of or kind	11. BIXTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
HOUSE WIFE -	MARYLAND 2.5.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN TURNBAUGH.	CASSANDRA LOWE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
(1. Josephina and Grand Control)	CHARLES-E. HOSHALL-3703 ROLAND
1B. 42/4 CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY	O O I O I II
(This does not mean the mode of dying, e.g., (A)	ine Bys Cordita Endrealth years
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.}	
ANTECEDENT CAUSES	the - lebras Hen
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	
4	in or 21c. WHERE DID (If in Baltimore City, give exact location)
218. PLACE OF INJURY (e.g., i about home, farm, factory, street, office bldg.,	
CAUSE OF DEATH	ED ATT HOW BID IN HIS OCCUPA
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR INJURY WHILE AT NOT WHILE:	
m. WHILE AT NOT WHILE	
22. I hereby certify that I attended the deceased from	19 4, to to Way 1, 1952, that I last saw the
deceased alive on mill, 1952 and that death occur	rred at 1m., from the causes and on the date stated above.
23A. SIGNATURE TO I	23B. ADDRESS 23C. DATE SIGNED
Herry M. of dallo M.D.	28243T-10m 1 1 10mg 19-52
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RYOR CREMATORY 24D LOCATION (City, tuwn, or cuunty) (State)
Durial May 22/52 hours 1	eagl Typesville, ma
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS
MAP 201952 Tuntington Villiavus Its	Easter 6 Sonovan -3818 Noland
VS 150	1 tus



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52	2750
BIRTH NO	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

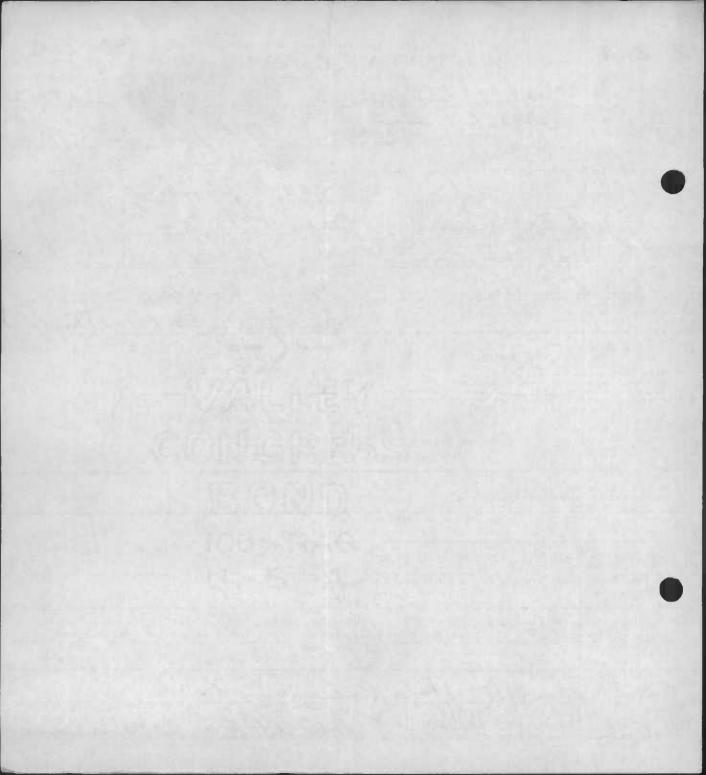
BIRTH NO.			CERTIFIC	AIL	OF DEATH	Registereu	110.
I. NAME OF D				1		2. DATE	
(Type or Print)		SIE	A. SWI	ITZ	ER	DEATH MA	RCH 18,1952
Baltimore (EATH: City, Maryland				4. USUAL RESIDENCE (Where deceased lived, I: B. COUNTY	f institution : residence before admission)
B. FULL NAME		al or instituti	ion, give street addr		MARYLAND		- 1/-
HOSPITAL OR	1 . 4			ation)		-	write KURAY and give
AND	610 JEF	FERY	37.	N/m.	D. STREET ADDRESS (I		
Country of a	4 i Dalii	LIF	E 1	Yrs. Mos.		-	
5. SEX	tay in Baltimore		MARRIED.	Days	B. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year If Under 24 Hours
EEMOLE.		WIDOW	ED, DIVORCED (S	pecify)	MAN 1 1881		lonths Days Hours Min.
EMALE 10A. USUAL OC	CUPATION (Give kind of	108. KIND	OF BUSINESS C	OR .	11. BYRTHPLACE (State or	foreign country)	12. CITIZEN OF
	of working life, even if retired)	ase	INDUS	STRY	MARKIGUD		WHAT COUNTRY
HOUSE V	NAME			-	MARYLAND 14. MOTHER'S MAIDEN I	NAME	1 4,0,
LUTHE	R BABY	ION			LUCINDA	5	
15. WAS DECEASE	ED EVER IN U.S. ARMEL	FORCES?	16. SOCIAL		17. INFORMANT	,	ADDRESS
(es, no or unknown)	(If yes, give war or date	of service)	SECURITY N			AKER- 824	12
18. 420	1.1		CAU		OF DEATH	7722	INTERVAL BETWEEN
7 000	SE OR CONDITION	DIRECTLY	1	-	(m- A	/ ,	
(This does	LEADING TO DEAT	f dying, e.g	, (A) AC	sle	Crowary Oce	LUSION	5 lus
heart failu	re, asthenia, etc. It mea complication which o	ns the disease	e,				
	ANTECEDENT CAUS	FC					
	ANTEGEDENT GAGG	, 20	(B)				
	S OR CONDITIONS, I						
UNDERLY	YING CONDITION LA	ST.	(C)				
=							
	II SIGNIFICANT CONDI						
	TO THE DEATH, BUT						
19A. DATE C	OF OPERATION 1	98. MAJOR	FINDINGS OF	OPER	ATION		20. AUTOPSY?
5		1 01- 014	CE OF WHITE		Late WHERE DID	(16 in Baltimana City	YES NO L
	R CONTRIBUTING DEATH		ACE OF INJURY (farm, factory, street, office			(If in Baltimore City,	give exact location)
P. TIME INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCC	CURRI	ED 21F. HOW DID INJUI	RY OCCUR?	
INSORT		m.		WHILE WORK			
22. I hereb	ny certify that I att	ended the	deceased from	Ma	Lell 18 194V to A	Harch 18, 195	K, that I last saw th
deceased A		1952	and that death	оесит	red at 701 on., from	the causes and on	the date stated above
23A. SIGNA		•		2	3B. ADDRESS	03/130	23C DATE SIGNED
102	ul fullu		M. I		RY OR CREMATORY 24D	POCATION (City, town	n, or county) (State)
24A. BURIAL,	Pecify)	1/00	24C. NAME OF CE	110	RY OR CREMATORY 24D		m.d.
DATE RECEIVE	/ //www or	SEGNATION	WOOO	La	25. FUNERAL DIRECTOR	necedans,	ADDRESS
LOCAL REGIST	TRAR 1	rator 1	Allians A	4 7	1017 8 X	marral- 2	818 De 1
MAK 4.	11327	1	Temamor, A	FICE	moun O. M.	orional Se	10 / Johns
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No 2 2/51

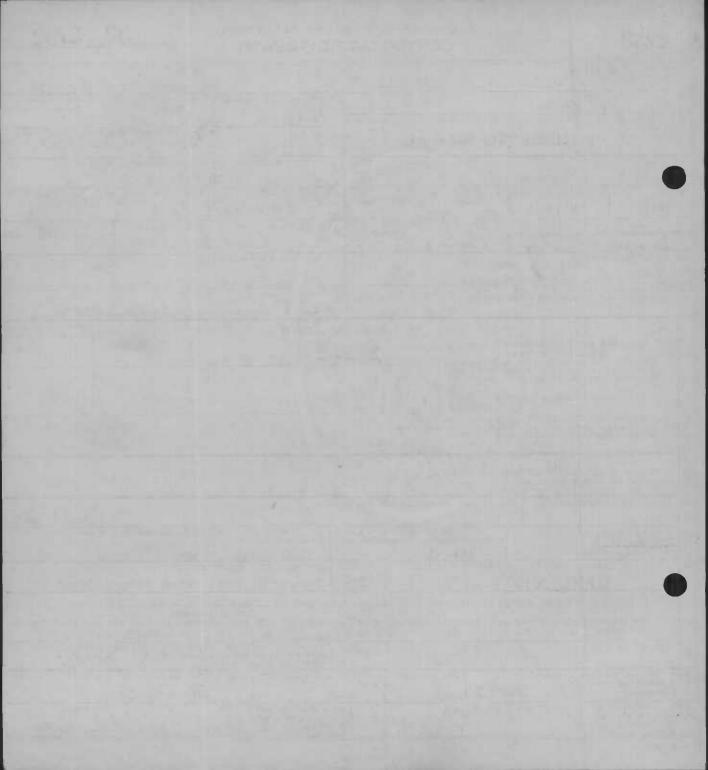
BIRTH NO.	
1. NAME OF DECEASED Coelyn Thomas	2. DATE OF DEATH Man 17/52
3. PLACE OF DEATH: A. Baltimore City, Maryland 3496 & Lombal B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION	4. USUAL RESIDENCE (Where deceased lived, If institution; residence a. STATE B. COUNTY C. CITY OR TOWN (If outside corporate limits, write RORA) and give lownship
c. Ligth of stay in Baltimore Lefe Mos. Days 5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED.	D. STREET ADDRESS (If rural, give location) 350/ C
MIDOWED, DIVORCED (Specify) WIDOWED, DIVORCED (Specify) WIDOWED, DIVORCED (Specify) ON USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR	Oug 1897 Substituted as the birthday of the substituted as the substit
ork done during most of working life, even if retired) at home	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMYD FORCES? Yes, to or unknown) (If yos, give wer or lifes of service) SECURITY NO.	Mary Baker 17. INFORMANT
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	tensire Cardiovascular Mestere
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20 AUTOPSY? YES NO
deceased alive on 2 6-52,19 and that death occur	te.) INJURY OCCUR?
244. BURIAL. CHEMA. 248. DATE 24C. NAME OF CEMETER 100 MOVAL (Specify) Man 21/53 Holy R DATE RECEIVED BY REGISTRAR SISIGNATURE MAR 201952 Internation Williams Mar.	
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+ 2752 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

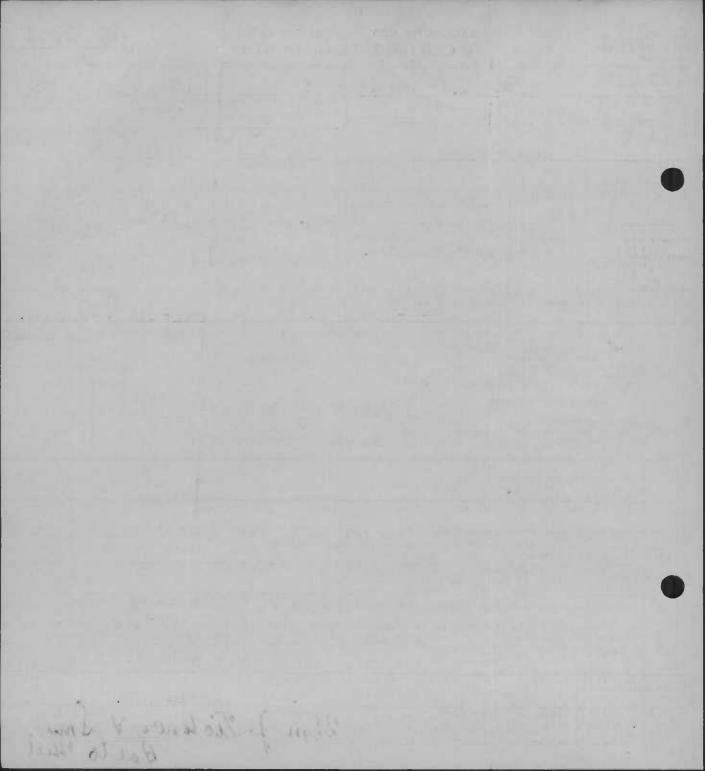
Ingth of stay in Baltimore Nex	II B	IRTH NO.			
3. PLACE OF DEATH. Baltimore City, Maryland B FULL NAME OF "I not in hospital or institution, give street address or location or institution. Beltimore City Mospital Beltimore City Mospital Yes. Maryland Beltimore City Mospital Yes. Maryland Yes. M		Type or Print))	OF Manual .	16. 1952
NOTITUTION Baltimore City Hospital Onethof stay in Baltimore O. SEX O. COLOR OF RACE White White White White O. STREET ADDRESS (If rural, give location) 2818 Old North Point Rock White White White White White White White IOB. WILLOUP ATTOM (in which Willoup And Diverse of Bearly) IOB. WILLOUP ATTOM (in which White White White White White White IOB. WILLOUP ATTOM (in which Whate IOB. WILLOUP ATTOM (in which IOB. WILLOUP AND IOB. IOB. WILLOUP ATTOM (in which IOB. WILLOUP ATTOM IOB. WILLOUP	A	Baltimore City, Maryland	A. STATE	ere deceased lived. If just	itution : residence
INSTITUTION Baltimore City Hospital Baltimore O. STREET ADDRESS (If rural, give location) Mos. D. STREET ADDRESS (If rural, give location) Mos. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED Most Mo		FULL NAME OF I f not in hospital or institution, give street address or			
ngth of stay in Baltimore S. SEX G. COLOR OR RACE MR.E.					
Mos. Mos. Mos. Day District Point Road		Yrs.		ral, give location)	
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Security No. Secu		Male White WIDOWED, DIVORCED (Specify)	Let 14 1935	last birthday) Months	Days Hours Min.
STORED Control Contr	wor	k done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or fore	ign country) 12.	CITIZEN OF WHAT COUNTRY?
SECURITY NO. SECU	13	FATHER'S NAME (M)	14. MOTHER'S MAIDEN NAM	E	
SECURITY NO. SECU	15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17/MEORIANT	zewski	
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21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 3/16/52 10:00 P. m. WHILE AT NOT WHILE AT WORK 22. I certify that I took charge of the remains described above, held an inspection & injury thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural eauses , accident , suicide , homicide , undetermined . 23a. SIGNATURE 23a. SIGNATURE 23b. CHIEF MEDICAL EXAMINER	Ω	TITING I CAUGE OF DEATH	PM / 00 707 1 0	man Hill Dagi	5000
22. I certify that I took charge of the remains described above, held an inspection of inquiry thereon and from Autopsy, Inspection or Inquiry the cvidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural eauses , accident , suicide , undetermined . 23a. SIGNATURE 23a. SIGNATURE 23a. SIGNATURE 23b. CHIEF MEDICAL EXAMINER		1 201660			.7
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24a. BURIAL. CREMA: 24B. DATE 24C. NAME DE CEMETERY DE CREMATORY 24D. LOCATION (City, town, or county) (State) DATE RECEIVED BY LOCAL REGISTRAR LOCAL REGISTRAR WE SEE 212 Developed The County of County o		the evidence obtained by said Autopsy, Inspection or In	Autopsy, Ins rquiry, find that said dece	pection or Inquiry ased died on the d	au stated above.
24A. BURIAL. CREMA: 24B. DATE 24C. NAME OF CEMETERY DR CREMATORY 24D. LOCATION (City, town, or county) (State) Man 2d 52 Local Registrar Signature 25. Funeral Director Address Ullil & Home 2/12 Develocke		ATKA-20.	ASSISTANT MEDICAL EX.	AMINER	ATE SIGNED
LOCAL REGISTRAR Huntington Williams Williams Williams Home 2/12 Densloth	TIC	AA. BURIAL. CREMA-1, 24B. DATE 124C. NAME OF CEMETER			ounty) (State)
V S 151 (GA 2A			25. FUNERAL DIRECTOR	2112 De	DRESS
N8121	V	5 151 N862 690 3e	2		



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BIRTH	NO.
	ME OF DECEA

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered

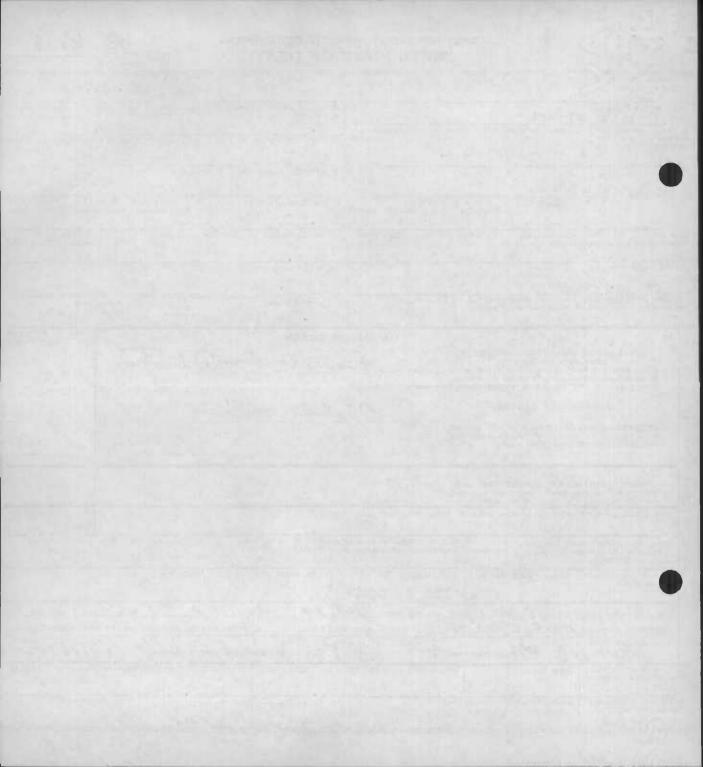
BIRTH NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE OF 10.70
FRANK J. MITTEM	DEATH March 18, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address or	Maryland /
HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate lipits, write LURAL and give
915 W. North Avenue	Baltimore township
Yrs.	D. STREET ADDRESS (If rural, give location)
ngth of stay in Baltimore Days	915 W. North Avenue
5. SEX 6 COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours
Male White warried (Specify)	last birthday) Months Days Hours: Min.
10A, USUAL OCCUPATION (Givekind of) 10B, KIND OF BUSINESS OR	Sent. 17, 1900 51 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
work done during most of working life, even if retired) INDUSTRY	WHAT COUNTRY
Jumber Construction Bldg.	14. MOTHER'S MAIDEN NAME
Frank Mitten	Wilmire Buckingham
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
no 215-10-7339	Mrs. Isabelle Mivten - 915 W. North Ave.
18. 42011 , CAUSE	OF DEATH INTERVAL BETWEE
DISEASE OR CONDITION DIRECTLY	ONSE! AND DEA!
	ary occlusion
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
injury or completion which caused death.)	
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W TO THE DISEASE OR CONDITION CAUSING IT.	
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d late Blace of Mulloy (a.e.	
21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UNDERLYING OR CONTRIB- DITING OR CAUSE OF DEATH.	
UTING CAUSE OF DEATH.	
2 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI	ED 21F. HOW DID INJURY OCCUR?
mile at work Not while at work	
22. I certify that I took charge of the remains described a	bove, held an Partial Autopsy thereon and from
	Autopsy, Inspection or Inquiry nquiry, find that said deceased died on the day stated above
and death in my opinion resulted from: natural causes	\mathbb{Z} , accident \square , suicide \square , homicide \square , undetermined \square .
23A. SIGNATURE	
1 / 100 in a Word of Mary	D. MEDICAL INVESTIGATOR March 19, 1952
24A. BURIAL. CREMA-1 24B DATE 124C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Tion, REMOVAL (Specify) 3/22/52 Lorraine Pu	rk Cam. Wooddawn, Md.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
LOMAR 201832 Huntington Williams MA	Delah Willenson Y XAM
MINIT 201000 THAILAMA, MEN	William & Manager & Street
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 2754

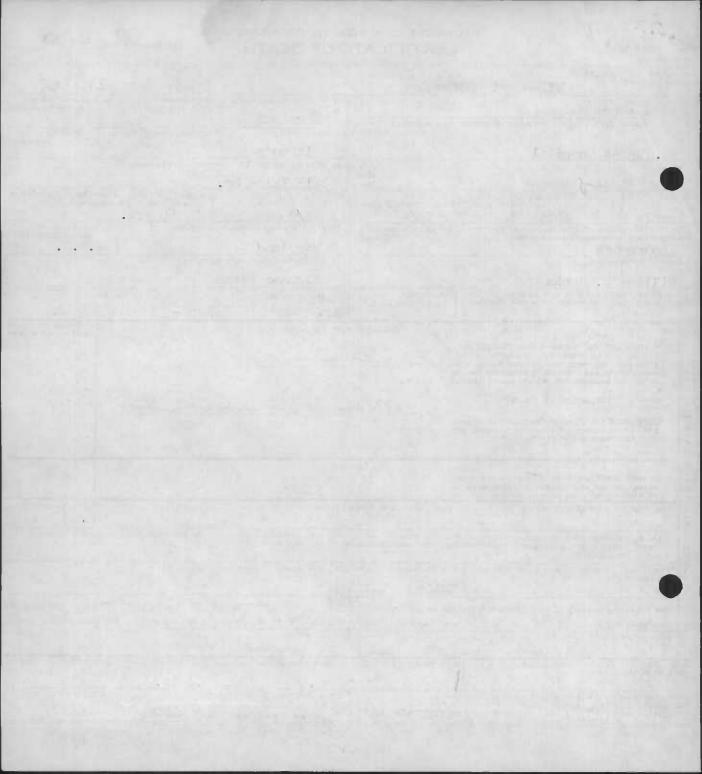
1.	NAME OF D Type or Print)	ECEASED FL	VIII PAR	RKE FELIENBAUM		2. DATE Mar.	18, 1952
	PLACE OF D	EATH: City, Maryland			4. USUAL RESIDENCE (W	DEATH /here deceased lived, If B. COUNTY	institution : residence before admission
В.	FULL NAME OSPITAL OR ISTITUTION			ion, give street address or location)	d. c. CITY OR TOWN (If	outside corporate limit	s. write WURAL and give township
C.	Length of s	tay in Baltimore		Yrs. Mos. Days	o. STREET ADDRESS (If	rural, give location)	
	.sex	6. COLOR OR RACE		E, MARRIED. ZED, DIVORCED (Specify)	8. DATE OF BIRTH Oct. 17, 1876	9. AGE (In years	f Under 1 Year Il Under 24 Hours on the Days Hours Min.
wor 13	Clergyman B. FATHER'S M Thomas J.	Pellenbaum	Metho	of BUSINESS OR INDUSTRY dist Church	Penna. 14. MOTHER'S MAIDEN NA Mary E. Fiester		12. CITIZEN OF WHAT COUNTRY
15 (Ye	5. WAS DECEASI	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Bessie Fel		DDRESS 30 Woodland A.
ERTIFICATION	(This does heart failu injury or DISEASE: RISE TO TUNDERLY	E OR CONDITION LEADING TO DEA' not mean the mode of re, asthenia, etc. It mean complication which of the complication which is to the complication the complication of the complicatio	TH if dying, e. g ns the diseas aused death SES F ANY, GIVIN STATING TH. ST. TIONS CON NOT RELATE	(B)	nti Cordene		
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TI	23A. SIGNA 4A. BURIAL, C ON, REMOVAL (S	TURE OF CREMA- 24B. DATE	anno	M. D. 2	F 24 publish	AT BELY DOCATION (City, town	3/19/52
D	Burial ATE RECEIVE OCAL REGIST D 2 0 195	D BY REGISTRAR	S SIGNATU	Green Mount	25. FUNERAL DIRECTOR	kner VS	ADDRESS
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BALTIMORE CITY HEALTH DEPARTMENT 52 2755

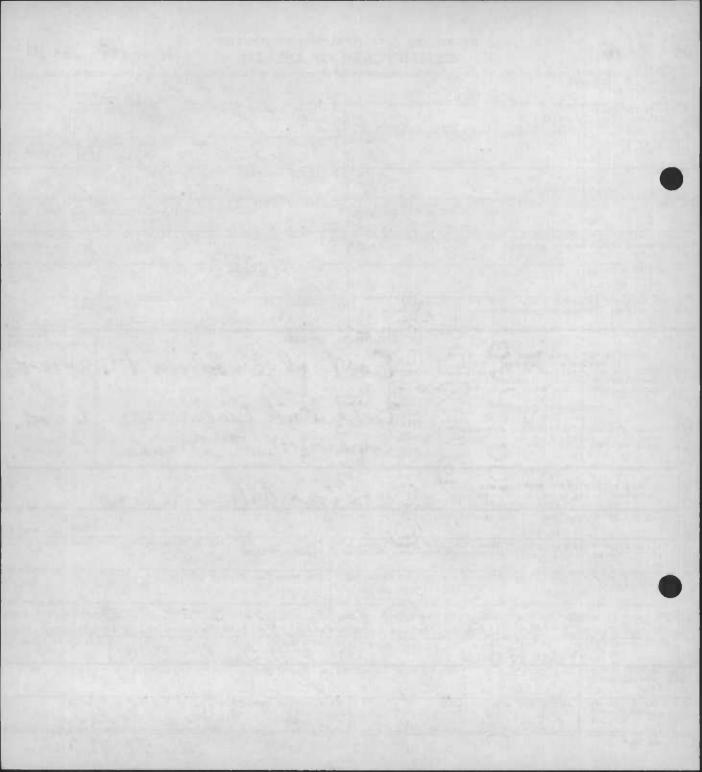
60 60			CERTIFICATI	E OF DEATH	Registered I	No. 12100
BIRTH NO.						
(Type or Pr	of DECEASED DILIVE	EDNA BE	RIDNER		2. DATE OF DEATH March	n 18, 1952
	re City, Maryland			4. USUAL RESIDENCE () A. STATE Maryland	Where deceased lived. If B. COUNTY	institution: residence before admission)
B. FULL NA HOSPITAL INSTITUTION	OR	al or instituti	ion, give street address or location)	c. CITY OR TOWN (1	f outside corporate limit	ts, vrite KURAL and give township)
St. A	gnes Hospital			Baltimore		
			Yrs. Mos.	D. STREET ADDRESS (If	f rural, give location)	
c hgth	of stay in Baltimore		Days	3513 Falls Rd.		
5. SEX	6. COLOR OR RACE		E. MARRIED. PED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) Me	M Under 1 Year M Under 24 Hours on the Days Hours Min.
Female	White		arried	6/25/ 1901	50 yrs.	
10A. USUA! work done during	L OCCUPATION (Give kind of most of working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY
	ewife			Maryland		U.S.A.
13. FATHER	R'S NAME			14. MOTHER'S MAIDEN N	IAME	
Willi	am E. Banks			Eleanor Adams		
15. WAS DE	CEASED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS
(100, 200 01 1112	gowith (1.) on Bill of Bill		SECURITI NO.	Mr. Charles Brid	dner - 3513 F	alls Tu.
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U TRIBU	JTING TO THE DEATH, BUT HE DISEASE OR CONDITION					
	TE OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	RATION		YES NO
LYING CAUSE 21D. TII	CCIDENT WAS UNDER- OR CONTRIBUTING OF DEATH ME (Month) (Day) (Year) URY	about home,	ACE OF INJURY (e.g., if is m, fectory, street, office bldg., if 21E. INJURY OCCURR WORK NOT WHILE WORK AT WORK	etc.) INJURY OCCUR? ED 21F. HOW DID INJUR	(If in Baltimore City,	give exact location)
	ercby certify that I att	conded the	deceased from 7	28, 19 1, to rred at 3:00 pm., from	the causes and on t	that I last saw the
23A. SI	GNATURE Ses V.	Len		SL. agnes 1	Josp.	23g DATE SIGNED
24A. BURI TION, REMOV Buri	AL, CREMA 24B. DATE (Specify) 3/21/52		24c. NAME OF CEMETE L udon Park	Cem. Ral		n, or courty) (State)
DATE REC LOCAL RE	GISTRAR COLOR	s signati	Miaus N.P.	25. FUNERAL DIRECTOR	Tickner	ADÓRESS
VS 1	50		12-0	2 7 300	Balto 1	7, md.



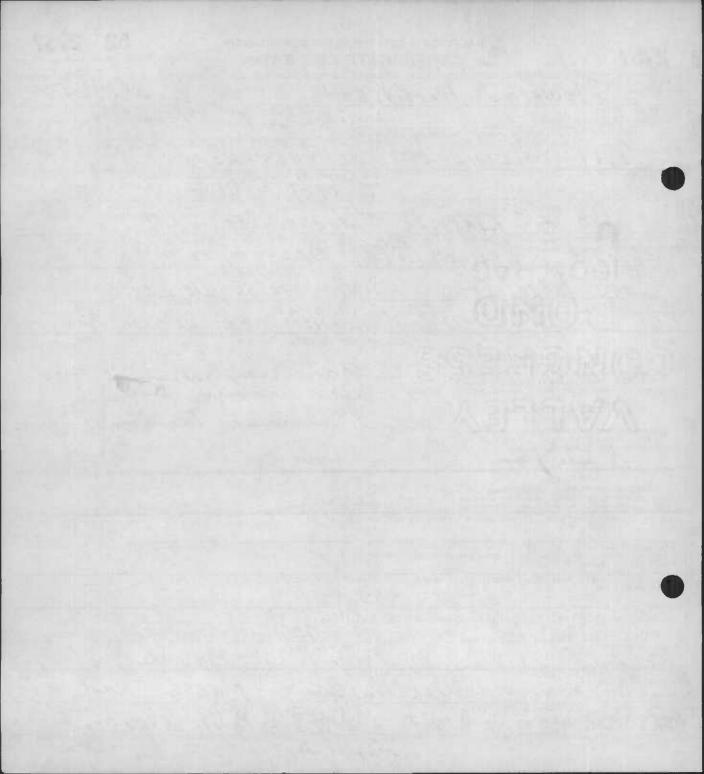
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BALTIMORE CITY HEALTH DEPARTMENT

2 2100	CERTIFICATE	F OF DEATH	Registered No. 200
BIRTH NO.	CERTIFICATI	2 OF BEATTI	
1. NAME OF DECEASED (Type or Print)	M HOULTON GORSUCH,	SR.	2. DATE OF
3. PLACE OF DEATH:	IT HOURTEN GOILGOIS		Where deceased lived. If institution: residence
A. Baltimore City, Maryland		A. STATE	B. COUNTY before admission)
HOSPITAL OR -1	r institution, give street address or location)		f outside corporate Waits, while BURAL and give
INSTITUTION 3401 Harford I	a.	Baltimore	township)
	Yrs.	D. STREET ADDRESS (If	rurul give location i
On other form in Politicana	Mos.	3401 Harford	
c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 7.	Days SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE (in years If Under I Year If Under 24 Hours
male white	WIDOWED, DIVORCED (Specify)	Feb. 24. 188h	last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10	B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country) 12. CITIZEN OF
rork done during most of working life, even if retired)	Tomb Stones	Maryland	WHAT COUNTRY?
13. FATHER'S NAME	(12)	14. MOTHER'S MAIDEN N	AME
Azariah Gorsuch		Ruth Houlton	
15. WAS DECEASED EVER IN U. S. ARMED FO (Yes, no or unknown) (If yes, give war or dates of	PRCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no	215-09-7571A	Mrs. Birdie M.	Gorsuch - 3101 Harford Pd.
DISEASE OR CONDITION DIF LEADING TO DEATH (This does not mean the mode of d heart failure, asthenia, etc. It means t injury or complication which caus ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF AR RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITION TO THE DISEASE OR CONDITION CA	AY, GIVING ATING THE COMPANY, GREATED HEAD TO	bral Emb le Duct Car mon Puct lized arter	Stone 2 yrs.
	MAJOR FINDINGS OF OPER	AT ON	20. AUTOPSY?
	21B. PLACE OF INJURY (e. g., ir out home, farm, factory, street, office hidg., c		If in Baltimore City, give exact location)
D. TIME (Month) (Day) (Year) (Ho	our) 21E. INJURY OCCURRI	ED 21F. HOW DID INJUR	Y OCCUR?
INSURT	m. WHILE AT NOT WHILE		
22. I hereby certify that I attend	led the deceased from 4-	-23 - , 195/ to 3	3-19-, 19- Shat I last saw the
deceased alive on 3-19- 1	252 and that death occur	red at 12: 4Pm., from	the causes and on the date stated above.
23A. SIGNATURE	(100)	3B. ADDRESSO	Ago St 18 23C. DATE SIGNED
24A. BURIAL, CREMA 24B. DATE	M. D. C.	RY OR CREMATORY 24D. L	OCATION (City, town, or county) (State)
TION, REMOVAL (Speelfy)			
Burial 3/22/52	Pa. kwood Ge		ADDRESS
DATE RECEIVED BY REGISTRAR'S S	on Witness Min	25 FUNERAL DIRECTOR	clever Vous
VS 150	4906	U	Batto 17, Md.



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEA 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits write RURAL and with IMOR Yrs. (If rural, give location Mos. c. Length of stay in Baltimore Days 7 SINGLE, MARRIED 9. AGE (In years If Under 1 Year MADOWED, DIVORCED (Specify) last birthday) Months: Days Hours! Min. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) B. KIND OF BUSINE 12. CITIZEN OF dyne during most of working life even if retired) WHAT COUNTRY? ACHIN 157 INE BOILE 13. FATHER'S NAME 140 MOTHER'S MAIDEN NAME ORRISSE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yes, give war or dates of service) SECURIT 5-10-4 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) المسور مساور H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION EDICAL 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? (If in Baltimore City, give exact location) CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY NOT WHILE WHILE AT WORK AT WORK Mes 22. I hereby certify that I attended the deceased from_ 18/82, 19_, that I last saw the , to 3 Am., from the causes and on the date stated above. deceased alive on 3/19 J.19___, and that death occurred at_ 23A. ZIGNATURE 238. ADDRESS 23c. DATE SIGNED 24c. NAME OF CEMETERY OF CREMATORY 240 DOCATION (City, town, or county) RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR VS 150



58

I. NAME OF DECEASED

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

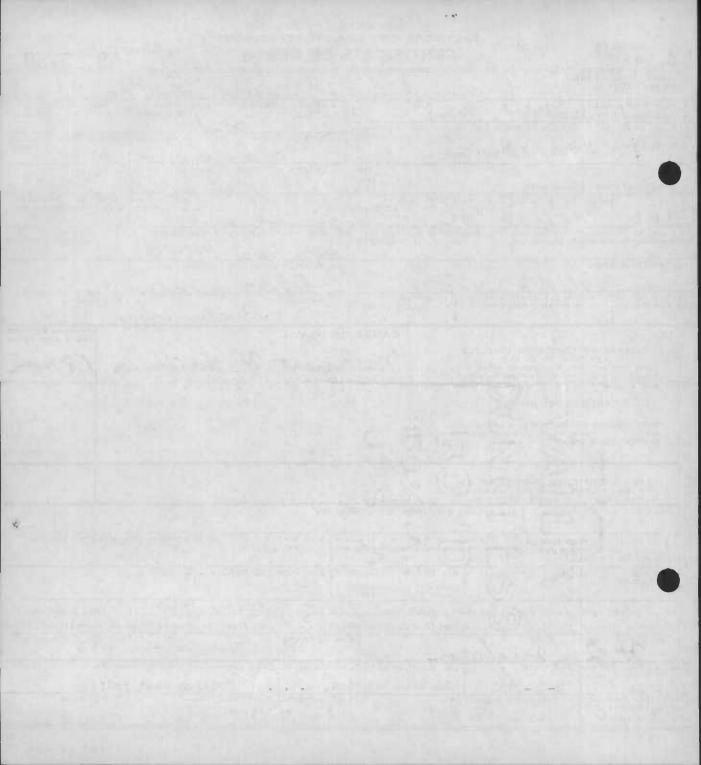
Segistered No.

2. DATE

(Type or Print) LLISA JOEL /	WLLER DEATH Morch 19, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland Vom ANS CL.	4. USUAL RESIDENCE (Where deceased lived. If institution: residence
B. FULL NAME OF (If not in hospital or institution, give street address or	MD.
HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RERAL and give township)
JOHNS HOPKINS HOSPITAL	BALTIMORE
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Days	605 ENSOR ST.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under I Year I Under 24 Hours last birthday) Months Days Hours Min.
temple Colored Sp	may 25, 73 59
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if relired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wifemon	William
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
Yes, no or unknown) (If yes, give wer or detes of service) SECURITY NO.	JOHNS HOPKINS HOSPITAL
18. 1711 CAUSE C	DE DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND GEATH
(This does not mean the mode of dying, e.g.,	inoma of levere
heart failure, asthenia, etc. It means the disease, lnjury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	nie
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO	
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA	ATION 20. AUTOPSY?
7	YES NO .
21A. ACCIDENT WAS UNDER- 21B. PLACE OF INJURY (e. g., in ebout home, farm, factory, etreet, office bldg., et	
LYING OR CONTRIBUTING CAUSE OF DEATH	
TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE	
	17, 1957 to march 19, 1953, that I last saw the
deceased alive on 19 1952, and that death occurr	red at 1.15 Am., from the causes and on the date stated above.
	3B. ADDRESS 23C. DATE SIGNED
heel H. Charman M.O.	JOHNS HOPKINS HOSPITAL 3/19/52
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
12 weel Bude 2452 114 Cul	rangelan a. a. Wunty ma
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
MAR 201952 Hondington Williams 1825	19 1 1 1 Clary Log fully
VS 150	117971 Cacabillat

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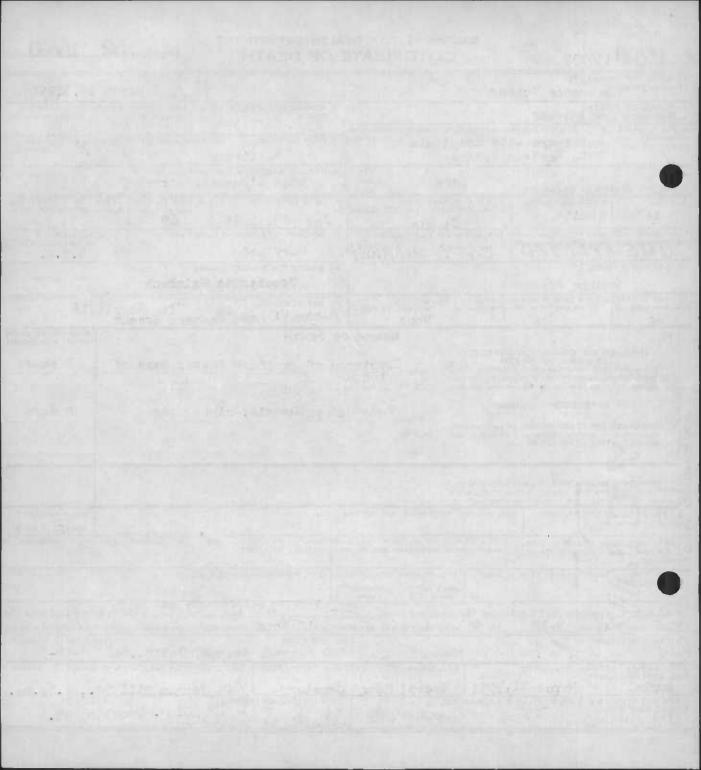
CERTIFICATE OF DEATH Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION JOHNS HOPKINS HOSPITAL Yrs. o. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years If Under I Year If Under 24 Hours last birthday) Months; Dnys Hours: Min. 440 10A. USUAL OCCUPATION (Givekind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15/WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) SOCIAL 17. INFORMANT ADDRESS SECURITY NO JOHNS HOPKINS 18. INTERVAL BETWEEN CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH - Hypertensen 1,8% (This does not menn the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OUF TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPS EDICA 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY NOT WHILE 22. I hereby certify that I attended the deceased from 3-10-, 1952to 3-14-, 1957that I last saw the 19 and that death occurred at m., from the causes and on the date stated above. deceased alive on 3 23A. SIGNATURE 23c. DATE SIGNED JOHNS HOPKINS HOSPITAL 24A. BURIAL, CREMA-24C. NAME OF CEMETERY OR CREMATORY | 240. LOCATION (City, town, or county) Kingston Jamaica, B.W.I. Shipped British West Indies ADDRESS 25 PUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE VS 150



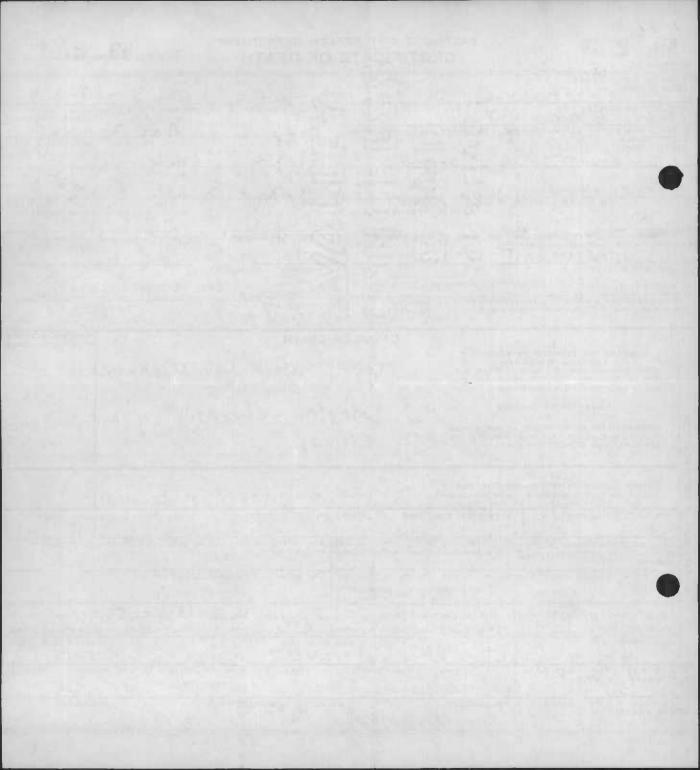
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 2760

BIRTH NO.				
1. NAME OF DECEASED (Type or Print) Lawrence Sche	enk		2. DATE OF March	19, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospit	tal or institution, give street address or	4. USUAL RESIDENCE (W A. STATE Maryland		stitution: residence before admission)
	ity Hospitals location)		outside corporate limits,	write RURAL and give township)
c. Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If r 4913 O'Donne		
5. SEX 6. COLOR OR RACE White	WIDOWED, DIVORCED (Specify)	Jan. 23, 1883	9. AGE (in years little last birthday) Mont	nder 1 Year M Under 24 Hours ths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, eyes if the color of the part of the pa	108, KIND OF BUSINESS OR	11. BIRTHPLACE (State or for Mary land	reign country) 1	2. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	1
George Schenk		Crescentia		
15. WAS DECEASED EVER IN U. S. ARMEI (Yes, no or unknown) (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO. None	Records: 4940 Ea	re City Hospi	tals
DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode of heart failure, asthenia, etc. It mea injury or complication which of the complex of the	TH of dying, e.g., ins the disease, caused death.) EES F ANY, GIVING STATING THE AST. (C) ITIONS CONNOT RELATED I CAUSING IT.	nal pneumonia, rig		onset and death 2 years h days
	98. MAJOR FINDINGS OF OPER			YES NO
21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH O.TIME (Month) (Day) (Year)	WHILE AT NOT WHILE	ED 21F. HOW DID INJURY	OCCUR?	'e exact location)
22. I hereby certify that I att deceased alive on 3-18	_, 19_52, and that death occur	12-12 1951, to rred at12 Noom., from the 23B. ADDRESS 1940 Eastern Avenue	e causes and on the	23c. DATE SIGNED
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial DATE RECEIVED BY LOCAL REGISTRAR MAR 2 0 1952	24c. NAME OF CEMETE 1952 Sacred Heart s SIGNATURE	RY OR CREMATORY 24D. LC	CATION (City, town, or	r county) (State)
VS 150	690			

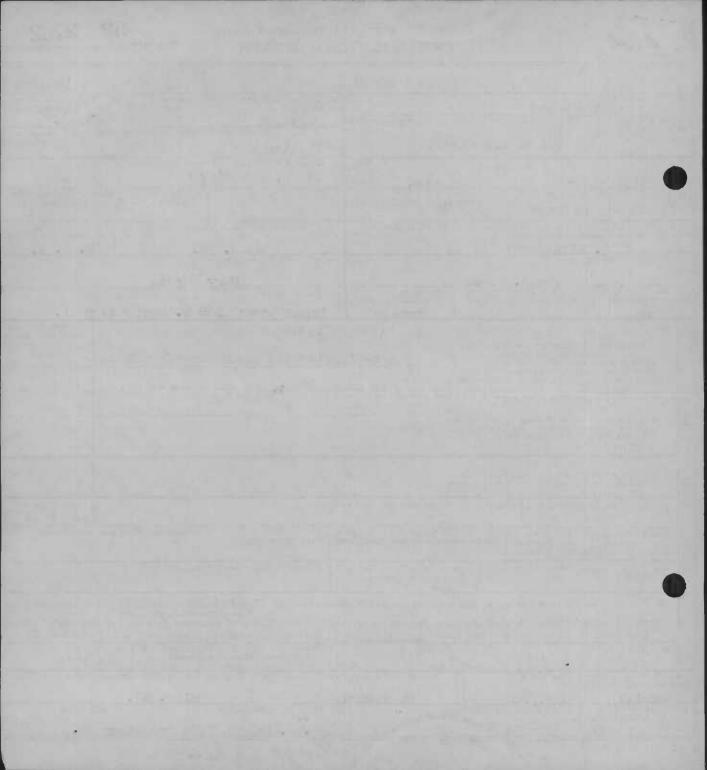


ВІ	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered 20. 276	1
(T	NAME OF DECEASED Type or Print) Sear borough JOSEPh W. 2. DATE OF DEATH 3 - 19 - 3 8. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: re	
В.	Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, write RURA)	admission) I, and give township)
	D. STREET ADDRESS (If rural, give location) Length of stay in Baltimore Days Carvell V Carvell V G. COLOR OR RACE 7 MARINED. B. DATE OF BIRTH 9. AGE (In years Under Year	Under 24 Hours
10 work	OA. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN	ours Min.
(Jason N. Scarborough Elinabeth a. Scarborough	2
(Y)	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 6. no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Willard & Scarborough - Pluring INTERVAL	Between
	OISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	ND DEATH
ERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) AFICALO- 5 CLOPOSIS 9 ONCY OUE TO CALIZED (C)	
CERTIF		
SAL	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUT	NO
IEDICA	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21B. PLACE OF INJURY (e.g., in or labout home, farm, factory, street, office hldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact local INJURY OCCUR?)	tion)
2	TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK NOT WHILE AT WORK	
	deceased alive on 3 - 19 S and that death occurred at 9 Am., from the causes and on the date state	saw the
	23A. SIGNATURA 1 1 23B. ADDRESS CO. DATE AV 7-19	-57
TIC	14a. BURIAL CREMA. 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24c. LOCATION (City, town, or county) Durial Marzz-1957 accession Church Starford Co. Mid	(State)
DA LIC	DATE RECEIVED BY REGISTRAR'S SIGNATURE. ADDRESS Che	
	VS 150	



CERTIFICATE OF DEATH

Registered No. 2762 BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE OF SUSANNA JONES DEATH March 10, 1952 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY hefore admission) A STATE B. FULL NAME OF f not in hospital or institution, give street address or Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside componente limits, write KURAL and give INSTITUTION township) 653 W. Lee Street Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mas c53 W. Lee Street ngth of stay in Baltimore Days 7. SINGLE, MARRIED 6. COLOR OR RACE 5. SEX 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year lat Under 24 Hours Min. WIDOWED, DIVORCED (Specify) Fenale Colored 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired INDUSTRY WHAT COUNTRY Balto. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Harris John A. Jones 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. lssac Brown 108 W. Montgomert St. none INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (A) Arteriosclerotic Cardiovascular Disease LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 13 RT OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT ш U 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20 AUTOPSY? YES (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. EXTERNAL CAUSE WAS UNDERLYING | OR CONTRIBUTING | CAUSE OF DEATH. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT AT WORK WORK 22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined . 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER 1 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OR CREMATORY Burial Mt Auburn ADDRESS DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE

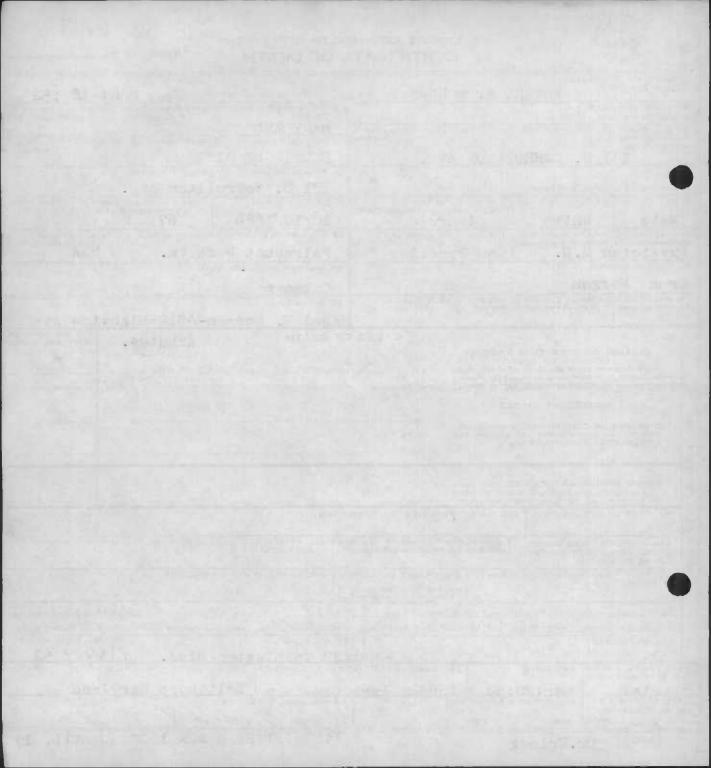


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 2763

Registered No_

BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) EDWARD A. MORGAN MAR: DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or MARYLAND B. FULL NAME OF location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) BALTIMORE CITY 131 S. CARROLLTON o. STREET ADDRESS (If rural, give location) Yrs. Mos Length of stay in Baltimore 131 S. Carrollton Ave. Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 9. AGE (In years If Under 1 Yeer If Under 24 Hours last birthday) Months: Days Hours Min. 8. DATE OF BIRTH 10/10/1884 Male White Divorced 10A. USUAL OCCUPATION (Give kind of) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) USA COUNTRY INDUSTRY Physician M.D. Own Practice Fairmount West Va. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Oren Morgan Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or uokoowo) (If you, give war or dates of service) SECURITY NO. Mabel E. Morgan-4312 Highview Ave INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Pulmenary Tuberculosis LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUF TO ANTECEDENT CAUSES ERTIFICATION (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE QUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY EDICAL YES NO 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 10. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY 22. I hereby certify that I attended the deceased from march 8, 1952 to march 18, 1952, that I last saw the deceased alive on Merch 17, 1952, and that death occurred at 10:85 Am., from the causes and on the date stated above. John G 23B. ADDRESS 23c. DATE SIGNED 1227 Washington Blvd. 24A. FURIAL, CREMA-24c. NAME of CEMETERY OR CREMATORY 24o. LOCATION (City, town, or county) Baltimore Maryland Mar: 20:52 Loudon Burial Cemetery Bal REGISTRAR'S SIGNATURE DATE RECEIVED BY ADDRESS LOCAL REGISTRAR MAR 20 193. & SON 300 VS 150 Dr. Urlock



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

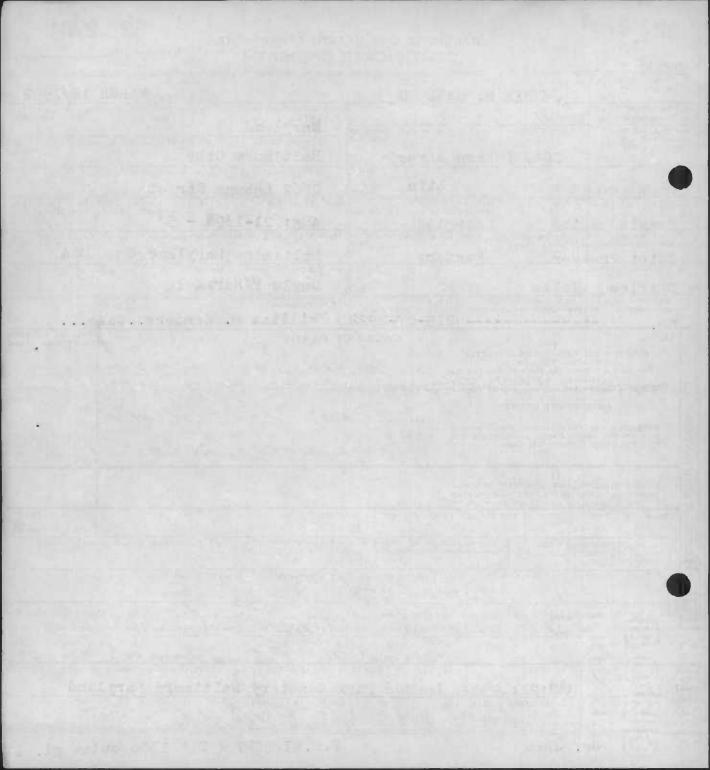
52 2764

Registered No_

BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH MARCH 18/1952 JENNIE M. SANDERS 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Incetion) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Baltimore City 2647 Lehman Street D. STREET ADDRESS (If rural, give location) Yrs. Life 2662 Lehman Street c. Length of stay in Baltimore Days ATE OF BIRTH

9. AGE (In years il Under I Year Months Days Hours Min.

4. Aug: 21-1894 - 57 6. COLOR DR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 8. DATE OF BIRTH Female | White Married 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Baltimore Maryland Shirt Presser Factory 14. MOTHER'S MAIDEN NAME 1m1 Susie P/Hermmel Charles Tolle 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) | (If yes, give war or dates of service) SECURITY NO 5-07-2922 William M. Sanders. . Same ... INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.) DUE TO ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. ERTII OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY FDICAL YES (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., In or 21c. WHERE DID 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 10. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT NOT WHILE . 19 2 to 3/2 , 1952 that I last saw the 22. I hereby certify that I attended the deceased from___ deceased alive on 3/12, 19 12 and that death occurred at Finam., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY | 24p. LOCATION (City, town, or county) 24B. DATE Loudon Park Cemetery Baltimore Maryland BURIAL MAR: 21:1952 25. FUNERAL DIRECTOR DATE RECEIVED BY | REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR VS 150 690 4G.F.B. WIPPERT & SON 1300 eutaw 1. Dr. Shaw



BALTIMORE CITY HEALTH DEPARTMENT

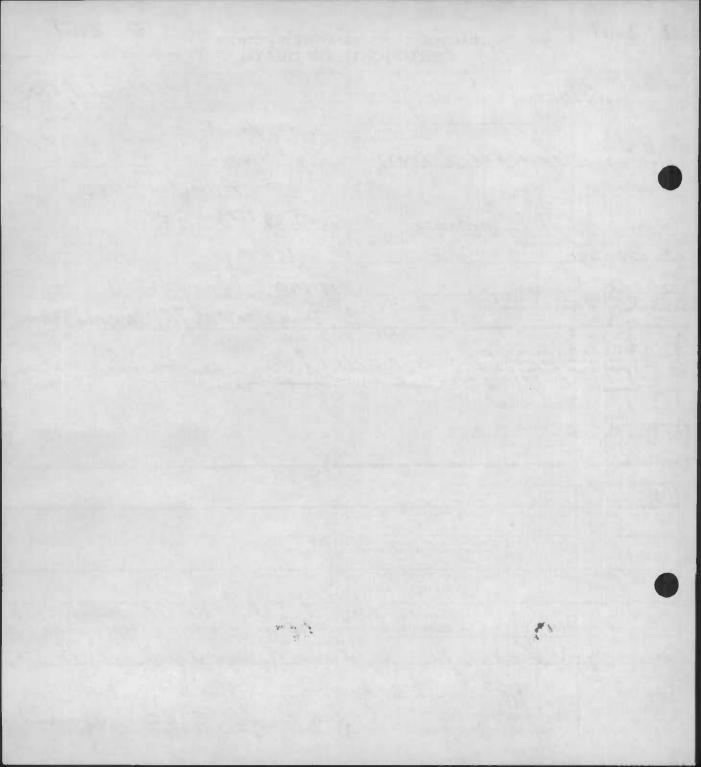
52 2765

BIRTH NO.			CERTIFICATI	E OF DEATH	Registered 1	No
1. NAME OF					2. DATE	
(Type or Print	Edith L.	Hanco			OF DEATH Mar	ch 10 1052
3. PLACE OF A. Baltimore	DEATH: City, Maryland	Harice		4. USUAL RESIDENCE (W		
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)			C. CITY OR TOWN (If outside corporate limits, write RURAL and give			
INSTITUTION	636 N. Belr	nord A	venue,	Baltimore	7.	township)
congth of	stay in Baltimore		32 Yrs. Mos.	b. STREET ADDRESS (If r		
5. SEX	6. COLOR OF RACE	7. SINGLE	Days Days	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year If Under 24 Hours
Female	White	WIDOW	ED, DIVORCED (Specify)	Nov. 24, 1885	last birthd w) Me	onths Days Hours Min.
10A. USUAL C	OCCUPATION (Give kind of set of working life, even if retired)	10s. KIND		11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF
House			INDUSTRY	Calwant Count	- 77	WHAT COUNTRY
13. FATHER'S				Calvert Count	ME.	UaDaAa
_						
James Dece	S. Catterto	on	1 10 000111	Mary E. Hard	iesty	
(Yes, no or unknow	(If yes, give war or date	of service)	16, SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS
No	No		None	Richard H. Ha	ince.636 N	Belnord Av
18. 4 0	211 ,		CAUSE	OF DEATH		INTERVAL BETWEEN
DISE	ASE OR CONDITION	DIRECTLY	1	1. Vanan	la plusies.	
(This do	es not mean the mode o	f dying, e. g	(A)	ideo la la	MY NOWEN.	0492
	ilure, asthenia, etc. It mea or complication which c			_	2- 00	
	ANTECEDENT CAUS	EC		Ungradial	merkens	u on
7	ANTECEDENT CAUS	ES		my sound	//.	7 1000
DISEAS	ES OR CONDITIONS, IF	ANY, GIVIN	G	Ma Taller	1-1-	
UNDER	THE ABOVE CAUSE (A) LYING CONDITION LA	STATING TH ST,	E DUE TO	course y		
Ú			(C)			
<u>L</u>	- 11			,		
	SIGNIFICANT CONDI			Emaceation		
	NG TO THE OEATH, BUT			omarlanon		
19A, DATE			FINDINGS OF OPER	ATION		20. AUTOPSY?
CAL	-					YES NOW
2 IA. ACC	IDENT WAS UNDER-	218. PLA	CE OF INJURY (e. g., in	or 21c. WHERE DID (If	in Baltimore City,	
	OR CONTRIBUTING	about home, fo	arm, factory, street, office hldg., e	tc.) INJURY OCCUR?		
	(Month) (Day) (Year)	(Hour) 2	21E. INJURY OCCURRI	D 21F. HOW DID INJURY	OCCUR?	
INJUR		m.	WORK NOT WHILE			
22. I here	thu certifu that I att	ended the	deceased from V2	6 15 100 Hto M	N-19-19	that I last saw the
decensed	aline on 120 19-	1052	and that death occur	red at 2 m. from th	e causes and on t	he date stated above.
23A SIGN	ATURE		ing that death occur	38 ADDRESS		23c. DATE SIGNED
2011.01011	apring,	Leve	Mill up	156 H. Mil	ten lace	3 20152
24A. BURIAL.	CREMA- 248. DATE	1 2	24C. NAME OF CEMETE	RY OR CREMATORY 240. LC	CATION (City, town.	or county) (State)
TION, REMOVAL		2 1	Jasle metho	dist benely Price	p. I	- whento med
Bur1		C CICTUATO	Dr.		- Tunud.	ADDRESS
DATE RECEIV	ED BY REGISTRAR	SIGNATU	TE MENT	25. FUNERAL DIRECTOR	·40 0	ADDRESS
WAR ZUI	JJL Nunlingle	~ Vill	lalle, "	reducis D. m.	eller, Ine	
VS 150	0	Eg.		0 2 7 630	198. mm	ment Sr
		2	-10			

TOTAL TOTAL A STREET SAN DE LA COMPANION D The Man of the last and to stall . But Constant of Cant Bungled H. Hancey and L. Retenment Share the state of
52 2766 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2 DATE (Type or Print) OF DEATH C. Collins) 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital winstitution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give INSTITUTION Yrs. D. STREET ADDRESS Ilf rural, give location) Mos. c. cength of stay in Baltimbre Days 5. SEX 6. COLOR OR RACE 7. SINOLE, MARKIED 9. AGE (In year) 8. DATE OF BIRTH Il Under 1 Year WIDOWED DIVORCED (Specify) last birthday) | Months: Days | Hours: Min. 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO Ti to Graco INTERVAL BETWEEN 18. 54. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) . OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICA (If in Baltimore City, give exact location) 21A ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE AT WORK WORK 195 Lethat I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on 19 and that death occurred at 2 m., from the causes and on the date stated above. 23B. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED 24A, BURIAL, CREMA TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) March 20/52 Holy Redeemer Cemetery 4430 Belair Rd. Burial A5. FUNERAL DATE RECEIVED BY ADDRESS DIRECTOR

THE THE THE THE VIEW OF THE PROPERTY OF THE PARTY OF THE CHARLEST SALES OF STREET

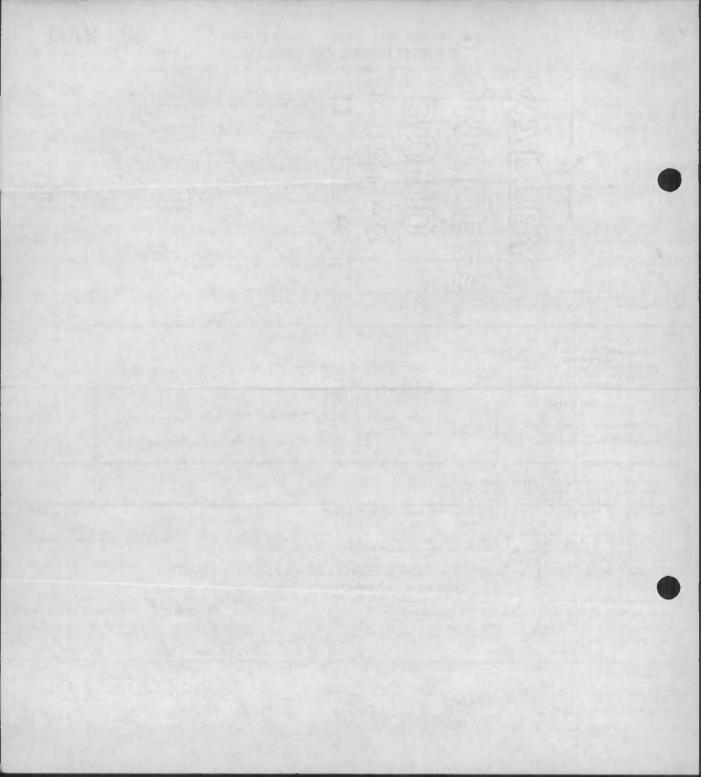
0	CERTIFICATE OF DEATH Registered No							
-	BIRTH NO.							
1. NAME OF DECEASED (Type or Print) William L. Ludwig				duia		of DEATH Mare	0418,1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland					4. USUAL RESIDENCE (Where deceased lived, if institution; residence a. STATE B. COUNTY before admission			
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)					c. CITY OR TOWN (II	f outside corporare limit.		
	Union	Memor	inl	Hosp	Baltimore	- 1	Township	
? Yrs Mos.					D. STREET ADDRESS (If rural, give location)			
-	SEX	6. COLOR OR RACE		. MARRIED.	8. DATE OF BIRTH		lador I Year If Under 24 Hours	
A	nale	white	WIDOW	ED, DIVORCED (Specify)	Sept 24, 1876	last birthday) Mon	ths Days Hours Min.	
10	A. USUAL OC	CUPATION (Give kind of	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF	
wors	Bar	of working life, even if retired)	90	INDUSTRY	Germany		WHAT COUNTRY	
13	FATHER'S				14. MOTHER'S MAIDEN NAME			
JACOB Ludwig					ANNA			
(Yes	s, no or unknown)	D EVER IN U.S. ARMEI (If yes, give war or date	I FORCES? s of service)	16. SOCIAL SECURITY NO.	Daughter-Mrs F.C. CASSIDY SAME			
	18. 23	1 ×		CAUSE	OF DEATH		INTERVAL BETWEEN	
	DISEAS	SE OR CONDITION	DIRECTLY		4		ONSET AND DEATH	
	LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Cevelrul Vasculer action					I I day		
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)					0		
	ANTECEDENT CAUSES							
z				(B)				
TION	RISE TO T	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO						
<	UNDERLY	ING CONDITION LA	ST.	(C)	***************************************			
ERTIFIC								
E	OTHER S	II IGNIFICANT CONDI	TIONS CON					
CE		TO THE DEATH, BUT SEASE OR CONDITION						
			No.	FINDINGS OF OPER	ATION		20. AUTOPSY?	
A							YES NO	
EDICAL	21A. ACCIDENT WAS UNDER: LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?							
Σ		Month) (Day) (Year)	(Hour) 2	1E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?		
	INJURY			WORK NOT WHILE				
	22. I hereby certify that I attended the deceased from Mar. 18, 1952 to Mar 18, 1952 that I last saw							
	deceased alive on Mer 18, 1952, and that death occurred at Side pm. from the causes and on the da							
	234 SIGNAT		, 10, (38. ADDRESS	1 1	23C. DATE SIGNED	
	Wave		elm.	h. M.D. 2	Cuin Memor	cal Hest.	3-18-52	
710	NEMOVAL (S		100	4c. NAME OF CEMETE	RY OR CREMATORY 24D.	OCATION City, town, o	or county) (State)	
_	Durial	321	53	Farke	wood t	Jacko /1	rol	
	DATE RECEIVED BY REGISTRA'S SIGNATURE 25 FUNERAL DIRECTOR SOS SOS SOS SOS SOS SOS SOS SOS SOS S							
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	VS 150	19.4		1 1			0	



BALTIMORE CITY HEALTH DEPARTMENT

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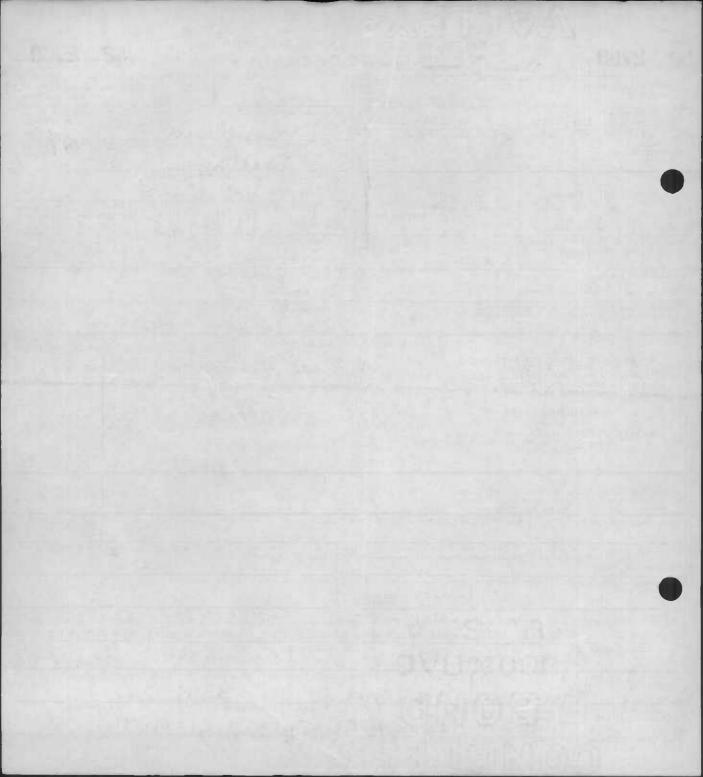
BI	RTH NO.		CI	ERTIFICA"	TE OF DEATH	Registered No	-
==		FORMORD	7				
	NAME OF D type or Print)	ECEASED	ase 7	K. M	oare	2. DATE OF DEATH MA	v. 18-1952
	PLACE OF D Baltimore (EATH: City, Maryland		(4. USUAL RESIDEN	CE (Where deceased lived, If in B. COUNTY	stitution: residence before admission)
H	FULL NAME DSPITAL OR ISTITUTION	OF (If not in hospit	al or institution.	give street address location	c. CITY OR TOWN	Of outside corporate limits,	write RURAL and give township)
c.		tay in Baltimore		Mos Day	15 4601 7	rankfore	& the?
1	sex	6. COLOR OR RACE	Zuria	ARRIED, DIVORCED (Speci	8. DATE OF BIRTH	9. AGE (ip)years 18 light 18	hs Days Houre Min.
vorl	done during most	CUPATION (Give kind of of yorking life, even if retired) NAME	108. KIND OF	F BUSINESS OR INDUSTI	14. MOTHER'S MAID	are Md.	2. CITIZEN OF WHAT COUNTRY
	lha	rles	Luker	t	Cathere	ne Elsese	2
(Ye	r. WAS DECEASI	ED EVER IN U. S. ARMEI (If yea, give war or date	FORCES? 10 of service)	6. SOCIAL SECURITY NO	Mrs. Th	eresa Dubne	NESS 1837
	18. 4 =	0:1.		CAUSE	OF DEATH		INTERVAL BETWEEN
	(This does heart failu	SE OR CONDITION LEADING TO DEAT not mean the mode of re, asthenia, etc. It mea complication which of	TH dying, e.g., ns the disease,	(A) Cor	onary Oca	elus	ONSET AND SEATT
CATION	RISE TO T	ANTECEDENT CAUS S OR CONDITIONS, II HE ABOVE CAUSE (A) //ING CONDITION LA	F ANY, GIVING STATING THE	OUE TO OH	Hy ferlers.	eri Sclevnio	
CERTIF	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATEO				
_	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION						20. AUTOPSY?
IEDICA	21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in or about bome, farm, factory, street, office bidg., etc.) INJURY OCCUR? (If in Baltimore City, give INJURY OCCUR?)						ve exact location)
2	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK AT WORK						
	22. I hereby certify that I attended the deceased from , 1950, to Mark 18, 1952, the						
	deceased alive on March 1, 1952 and that death occurred atm., from the causes and on the dat						date stated above
	23A. SIGNA	5 Harde	ug	м. D.	3805 B	lain Rd	3/18/52
2.4 TI	ON, REMOVAL (S	Specify 3/2//	52 240	Hold)	edeeme 2	Dalto	nd
	ATE RECEIVE DCAL REGIST AR 2019		SISIGNATURE ton Vell	iaus M.P.	25. FUNERAL DIREC	5305 Ha	address and A



RENISHAW BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 2769

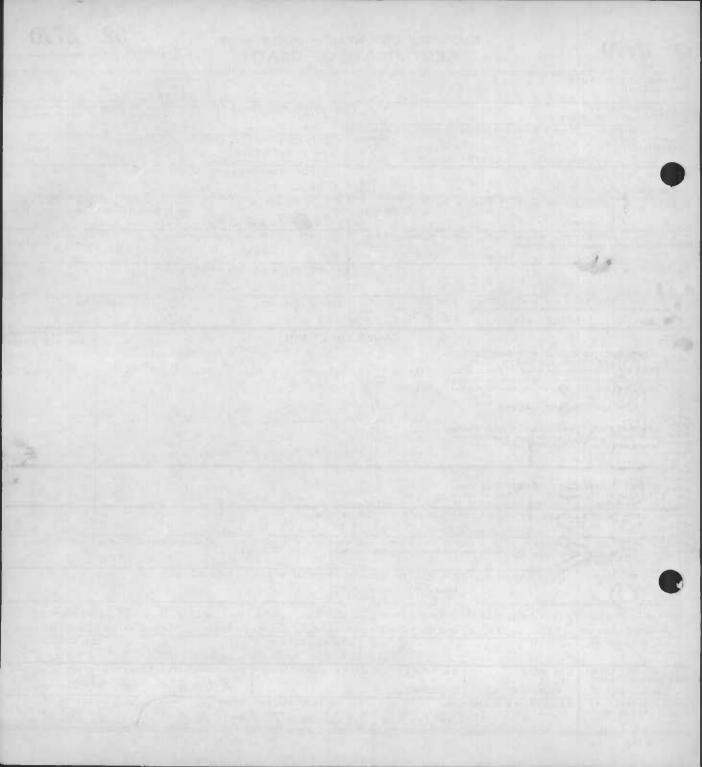
BIRTH NO.						
1. NAME OF DECEASED Ford (Type or Print)	2. DATE 20 hours 1962 DEATH					
3. PLACE OF DEATH: A. Baltimore City, Maryland 2						
c. Length of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)					
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORGED (Specify)	9. AGE (In years I Under I Year Months Days Hours Min.					
10A. USUAL OCCUPATION (Givekind of ork done during most of working life, even if retired) Jales	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
13. FATHER'S NAME Remeland	14. MOTHER'S MAIDEN NAME					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dutes of service) SECURITY NO.	17. INFORMANT ADDRESS Little Sister of the 1					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) UNDERLYING CONDITIONS CDN-	rebral Hemorrhage 4 days leno Polerosis 5 yrs					
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OPERATION 19B. MAJOR FI	RATION 20. AUTOPSYT					
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?						
TIME (Month) (Day) (Year) (Hour) NJURY MHILE AT WORK NOT WHILE AT WORK						
22. I hereby certify that I attended the deceased from Mch 15 - , 1952, to Mch 20 - , 1952, that I last saw the deceased alive on Mch 19 - , 1952, and that death occurred at 14 · m., from the causes and on the date stated above. 23A. SIGNATURE & Schl Hall MD M. D. 23B. ADDRESS & Warch ave 23c. DATE SIGNED Mch 20 - 1952						
24A. BURIAL, CREMA- TION, REMOVAL (Specify)						



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52	2770
BIRTH	NO.
1. NAM (Type o	TE OF DECE

BALTIMORE CITY HEALTH DEPARTMENT

2 2770	CERTIFICAT	E OF DEATH	Registered No).————		
1. NAME_OF_DECEASED	0 . 1		2. DATE			
(Type or Print) Warren L.	Smith		DEATH 3-19	7-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE	(Where deceased lived, If in B. COUNTY	stitution: residence before admission)		
B. FULL NAME OF (If not in hospital or insti			Balto.			
HOSPITAL OR INSTITUTION .	location)	c. CITY OR TOWN	If outside corporate limits,	write RURAL and give		
University Ho	spilal	o. STREET ADDRESS (I	f numal give location)	1-01		
Longth of stan in Daltiman	Yrs. Mos.	1131 11.	was Rd.			
c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SING	Days GLE, MARRIED,	8. DATE OF BIRTH	9. AGE (In years) II U	nder 1 Year II Under 24 Hours		
male white WID	OWED, DIVORCED (Specify)	1895. JUNE 29	last birthday) Mont	ths Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)	ND OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country) 1	2. CITIZEN OF WHAT COUNTRY?		
	O. R.R.	Allenois		USA		
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME			
Edward C. Smit	t	Emma	tewes			
15. WAS DECEASED EVER IN U. S. ARMED FORCES Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADI	DRESS		
YES W.W. I	705 D3 487	Pt.	Rame			
18. / (2×	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND OEATH		
DISEASE OR CONDITION DIRECTI	LY	0 . 0	1 1.0,			
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis		relogence C	. A left lung	Smos.		
Injury or complication which caused do						
ANTECEDENT CAUSES						
DISEASES OR CONDITIONS, IF ANY, GI	VING (B)	nonery en	woles			
RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	THE OUE TO					
	(c)	un one can	17			
11						
OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE CEATH, BUT NOT REL	ATEO					
TO THE DISEASE OR CONDITION CAUSIN	OR FINDINGS OF OPER	RATION		20. AUTOPSY?		
3-12-52 Brow	slow ener C	A left lu-		YES NO		
21A. ACCIDENT WAS UNDER- 21B.	PLACE OF INJURY (e.g.,		(It in Baltimore City, gi	ve exact location)		
LYING OR CONTRIBUTING BOOKE NO CAUSE OF DEATH	me, farm, factory, street, office bldg.,	ate.) INSORT OCCOR?				
D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJU	RY OCCUR?			
INJURY	WHILE AT NOT WHILE					
22. I hereby certify that I attended t	7	-8 1952to	3 - 19 , 1952	that I last saw the		
deceased alive on 3-19 , 1957						
23A. SYGNATURE		23B. ADDRESS	00	23c. DATE SIGNED		
K. K. Ukrston	м. о. /	636 Kingen	ray Rd	3-19-5-2		
24A. BURIAL, CREMA. 24B. DATE TION, REMOVAL (Specify)	24c. NAME OF CEMETE		LOCATION (City, town, o	r county) (State)		
Removal 3/21/52	Blora	25. FUNERAL DIRECTOR	lora,	ADDRESS		
LOGAL REGISTRAR + + +	MASTORE CELLEN	Drag. Ball !	The 1263	lb Paul lR		
VS 150	ar half a track of the second	77.7. 7000.0	, , , , , , ,			
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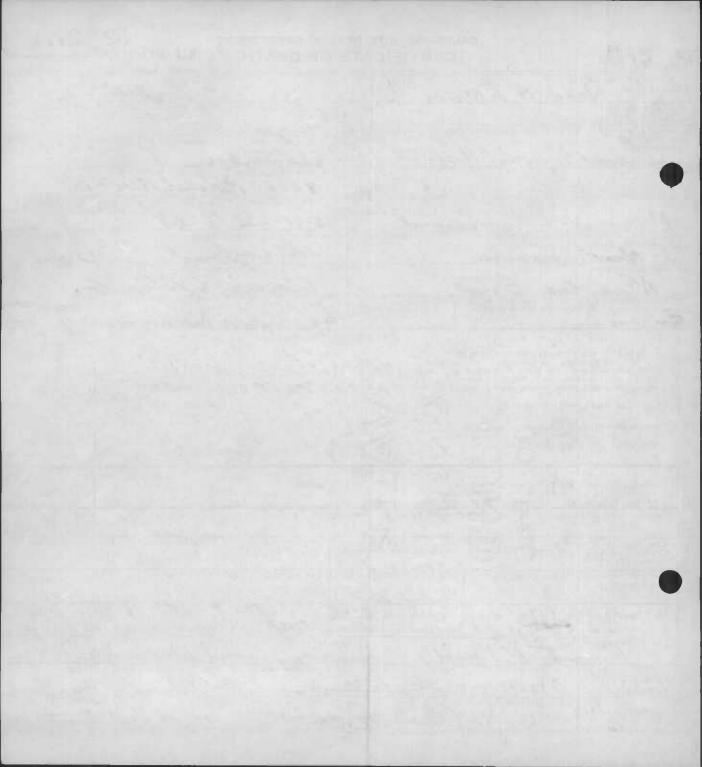


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BIR	TH N	0.	11
	AME e or		

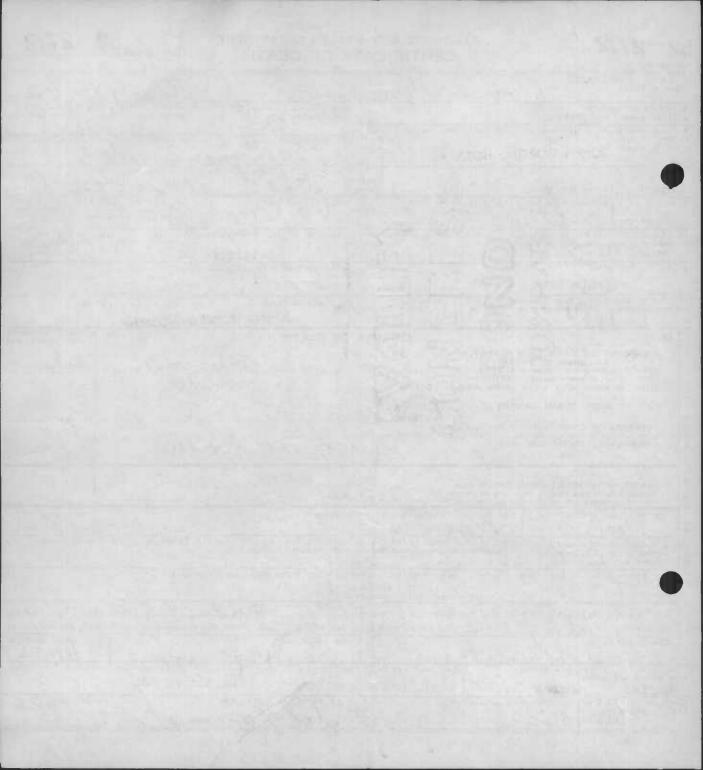
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) JOHN A. ENTEL	2. DATE OF DEATH 3-18-52
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION - (If not in hospital or institution, give street address or location)	C. CITY OF TOWN . (If outside corporate limits, write RURAL and give township)
Yrs, Mos.	D. STREET ADDRESS (if rural, give location)
c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8 8 /5 Roland Ace -//. 8. DATE OF BIRTH 9. AGE (In years Il Brown I Year If Under 24 Hours
M WIDOWED, DIVORCED (Specify)	5-11-72 last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Glve kind of 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. GITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MANDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or anknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS TOWAR
no	mo. Josephine Buschman, 102 md. Cye.
DISEASE OR CONDITION DIRECTLY	OF DEATH ONSET AND DEATH
(This does not mean the mode of dying, e.g.,	ARDIAL INFARCTION ?.
ANTECEDENT CAUSES	RIOSCLEROTIC HEART PISEASE
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST. (C)	
11	
OTHER SIGNIFICANT CONDITIONS CON-	
O THE DISEASE OR CONDITION CAUSING II.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPER	ATION 20. AUTODAY
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., c	o or 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRINJURY	ED 21F, HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from 9	18 , 1952, to 3 - 18 , 1952, that I last saw the
deceased alive on, 19.5 , and that death occur	red at 3.25 m., from the causes and on the date stated above.
23A. SIGNATURE, Cichard R. Busch M.D.	Union Memorial Hospital 3-18-52
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE TION, REMOVAL (Specify) 3/2/15 3 140hr Red	RY CO GREMATORY 24D. LOCATION/City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR AND THE THE PROPERTY OF THE PROPERTY O	25. FUNERAL DIRECTOR ADDRESS Was Gook, Inc. 1217 LB. Paul Kest
VS 150	2 / 6 9



7	100						
52	2 2712 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 2712						
BIR	TH NO.			CERTIFICAT	E OF DEAT	H Registere	d 110.
	NAME OF D	// /	ora	Hack	2	2. DATE OF DEATHAN	19, 1952
A. I		City, Maryland			A. STATE	EMCE (Where deceased lived B. COUNTY	
HOS	ULL NAME SPITAL OR TITUTION	JOHNS HOPKIN		on, give street address on location)	C. CITY OR TOWN	(If outside corporate)	limits, write AURAL and give township)
	exacth of s	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRE	(Harwal, give location	enod the
5.5	-	6. COLOR OF RACE		MARRIED, ED, DIVORCED (Specify	8. DATE OF BIRTH		Months Days Hours Min.
OA work d	USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY		timore Md	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S				14. MOTHER'S MA	IDEN NAME	
		jamin Hack			Sarah 6		
15. (Yes,	WAS DECEAS no or unknown)	ED EVER IN U, S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	S HOPKINS HOSPIT	ADDRESS
CATION					ompression of medulla	24 hours	
ERTIFI	TRIBUTIN	II SIGNIFICANT COND S TO THE DEATH, BUT	NOT RELATE	D DATA	L		
		OF OPERATION		FINDINGS OF OPE	RATION	A CARROLL AND A STATE OF	20. AUTOPSY?
EDICAL		DENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., arm, factory, street, office bldg.			ity, give exact location)
Σ	D. TIME INJURY	(Month) (Day) (Year		21E. INJURY OCCURE WHILE AT NOT WHILE WORK AT WORK		INJURY OCCUR?	
933	22. I hereb		tended the	deccased from 3	10 1950 m		952, that I last saw the on the date stated above.
	23A. SIGNA		01	2	23B. ADDRESS	PKINS HOSDITAL 240. LOCATION (Gity, t	23c. DATE SIGNED
	BURIAL, N. REMOVAL (1 Burial			Oheb Shalom		Baltimore Md	town, or county) (State)
DA	TE RECEIVE CAL REGIO WAR 20	1952 Huntin	S SIGNATI		Sol S	WHINON +BI	ADDRESS 1126 W W Morth are



1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF

ERTIFICATION

ADDRESS

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

admission)

ALTIMORE CITY HE CERTIFICATE	ALTH DEPARTMENT	Registered No
NASSL		2. DATE OF DEATH March 18,
tution, give street address or	A. USUAL RESIDENCE (WA. STATE Maryland	here deceased hved. If institution: B. COUNTY before
looption)	174	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

HOSPITAL OR (If outside corporate limits, write RURAL and give INSTITUTION Baltimore City Hospitals Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos.

502 Earen Street ength of stay in Baltimore Days 6. COLOR OR RACE SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH AGE (In years | Hunder | Year | Hunder 24 Hours | Months Days | Hours Min. 9. AGE (In years)

Male 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF INDUSTRY work done during most of working life, even if retired) WHAT COUNTRY

13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown)

SECURITY NO CAUSE OF DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUENT ANTECEDENT CAUSES Crushed chest DISEASES OR CONDITIONS, IF ANY, GIVING

Skull fracture

RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT

FRANZ

(If not in hospital or insti

198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION

21A. EXTERNAL CAUSE WAS UNDERLYING M OR CONTRIB-UTING | CAUSE OF DEATH.

1D. TIME (Month) (Day) (Year) (Hour)

March 18, 1952 10:00 Pm.

INJURY

23A, SIGNATURE

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Hospita]

MEXICA

21E. INJURY OCCURRED

Baltimore City Hospitals, 4940 Eastern

21F, HOW DID INJURY OCCUR? NOT WHILE

Jumped from fourth story window

21c. WHERE DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], accident [], suicide [], homicide [], undetermined [].

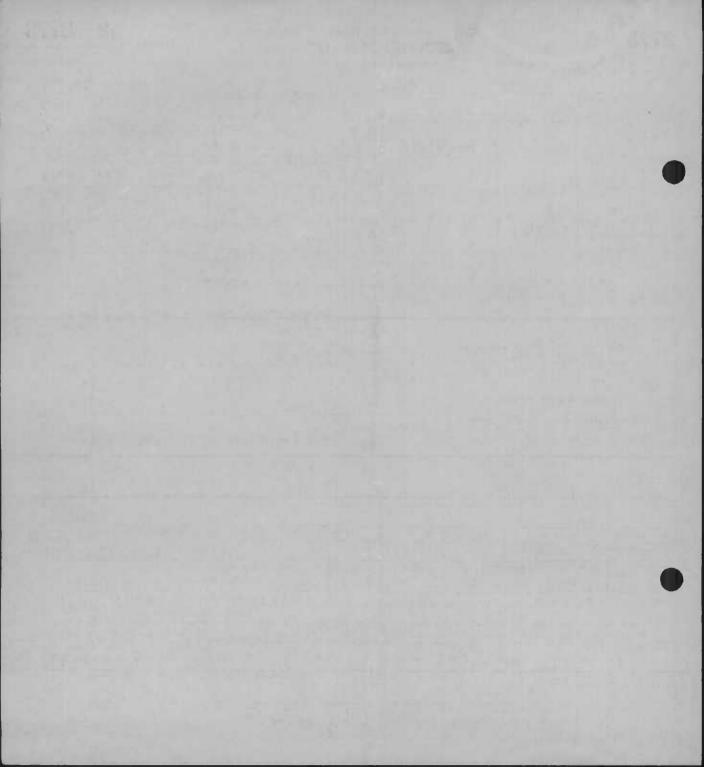
Bilateral fractures of femur & tibia

238, CHIEF MEDICAL EXAMINER ... ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR

24D. LOCATION (City, town, or county)

(If in Baltimore City, give exact location)

24A. BURIAL. CREMA-NAME OF CEMETERY OR CREMATORY TION, REMOVAL (Specify) DATE RECEIVED BY ADDRESS LOCAL REGISTRAR



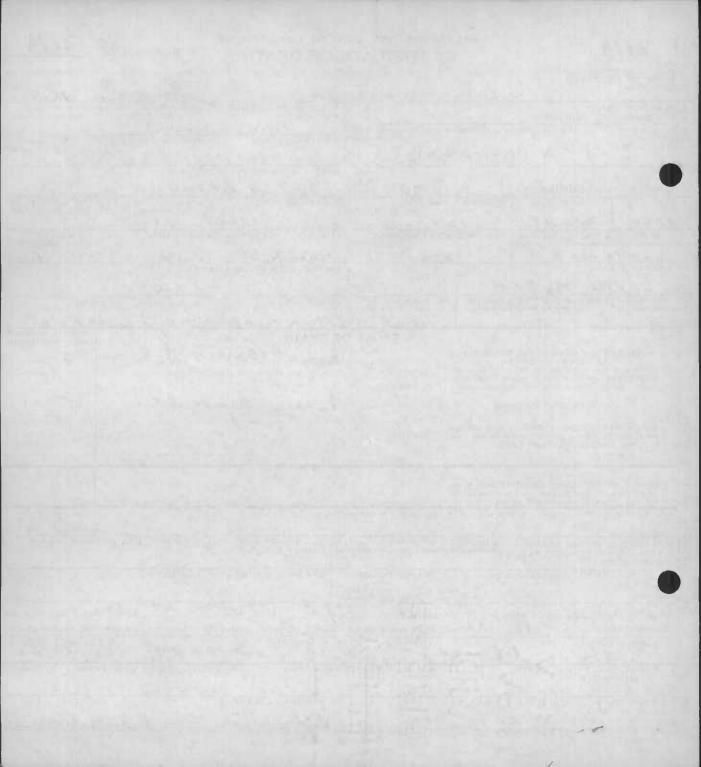
61	0
52	2774
BIRTH	H NO.
9 31.0	ME OF BEOF

VS 150

BALTIMORE CITY HEALTH DEPARTMENT

152 27/4

B	RTH NO.		C	ERTIFICAT	E OF DEATH	Registered 1	10
1. (T	NAME OF D		ILLIAI	M A MU	RDHY	2. DATE OF DEATH MAR	CH 201953
	PLACE OF D Baltimore				RPHY 4. USUAL RESIDENCE A. STATE	(Where deceased lived, If	institution : residence before admission
В.	FULL NAME OSPITAL OR ISTITUTION			n, give street address o location	c. CITY OR TOWN	LAND. (If outside corporate limit	and the second
				Yrs.	D. STREET ADDRESS	(If rural, give location)	
		tay in Baltimore		8 MOS, Mos. Days		3RO4UWAY	
	SEX	6.COLOR OR RACE		D, DIVORCED (Specify		9. AGE (In years last birthday) Mo	f Under 1 Year on the Days Hours Min.
	MALE A USUAL OC	CUPATION (Givekinder	WID KIND	OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	I2. CITIZEN OF
worl	done during most	of working life, even If retired)	001	INDUSTR	Y		WHAT COUNTRY
13	FATHER'S	NAME		FLF	MOTT ROSE	NAME	U.S.A.
	DAV				?	PRICE	
15 (Ye	. WAS DECEAS	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
	NO			NONE	EYRIA MURP	Y 308 N BI	ROAD WAY.
IFICATION	heart failu injury or DISEASE:	s not mean the mode of the asthenia, etc. It mean complication which of antecedent causes of the complication of the complication of the complication of the complete cause (A) YING CONDITION LA	ns the disease, aused death.) SES F ANY, GIVING STATING THE	(B) DUE TO (C)	brone Try	rocerdetes	Syps
CERTIFI	TRIBUTING	GIGNIFICANT CONDI TO THE DEATH, BUT USEASE OR CONDITION	NOT RELATED				
7	19A. DATE C	F OPERATION 1	9B. MAJOR F	INDINGS OF OPE	RATION		20. AUTOPSY?
EDICAL		DENT WAS UNDER-	21B. PLAC about home, farm	E OF INJURY (e. g., n., factory, atreet, office bldg.	in or 21c. WHERE DID INJURY OCCUR?	(If in Baltimore City, a	YES NO L
Σ		(Month) (Day) (Year)	(Hour) 21	E. INJURY OCCURE	RED 21F, HOW DID INJ	URY OCCUR?	
				ORK NOT WHILE		2	
		y certify that I att	400-	eceasea from	10-, 00-	nes 20, 195	that I last saw th
	deceased a	live on 19	, 19 J, ar	nd that death occu	arred atm., from	m the causes and on the	he date stated above
	Mu	you for	olomo		129 8/20	oadway	3/20/52
124 TI	A. BURIAL.	CREMA- 24B. DATE Specify)	24	C. NAME OF CEMET	ERY OR CREMATORY 24	D. LOCATION (City, town,	or county) (State)
	BURIAL	- MAR 2				MOTTROSE	W. VA.
	ATE RECEIVE	PAR	SSIGNATUR		25. FUNERAL DIRECTO	OR .	ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT Registered No. 2775 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) CHARLES FORE AAN DEATH March 19, 1952 4. USUAL RESIDENCE (Where deceased lived. If institution : residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) Marvland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate limits C. CITY OR TOWN RAL and give INSTITUTION Maryland General Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Man 1/16 Linden Avenue ength of stay in Baltimore Days 5. SEX 6. COLOR OR RACE SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years it Under 1 Year last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) Male White 108. KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Givekind of) 11. BLRJHPLACE (State or foreign country) 12. CITIZEN OF / INDUSTRY WHATCOUNTRY work done during most of working life, even if retired) alchana 13. FATHER S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL 17. NFORMAN ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO INTERVAL BETWEEN 00.6 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Skull fracture (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, KLXEXEX injury or complication which caused death.) ANTECEDENT CAUSES Contusion of brain DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE KUEXTOX. UNDERLYING CONDITION LAST. Bronchopneumonia, terminal OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 20. AUTOPSY 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION YES X (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or shout home farm, factory, street, office bldg., etc.) 21c. WHERE DID 21A. EXTERNAL CAUSE WAS UNDERLYING TO OR CONTRIB. INJURY OCCUR? Lyric Theatre, 124 W. Mt. Royal UTING | CAUSE OF DEATH. Theatre 21F. HOW DID INJURY OCCUR? ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY WHILE AT X March 16. Fell down stairs AT WORK Autopsy 22. I certify that I took charge of the remains described above, held an _ thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined 23B. CHIEF MEDICAL EXAMINER ... 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR 240. LOCATION (City, town, or county) 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY 24B. DATE TION, REMOVAL (Specify

PLEASE V

VS 151 N 803, 2

REGISTRAR'S SIGNATURE

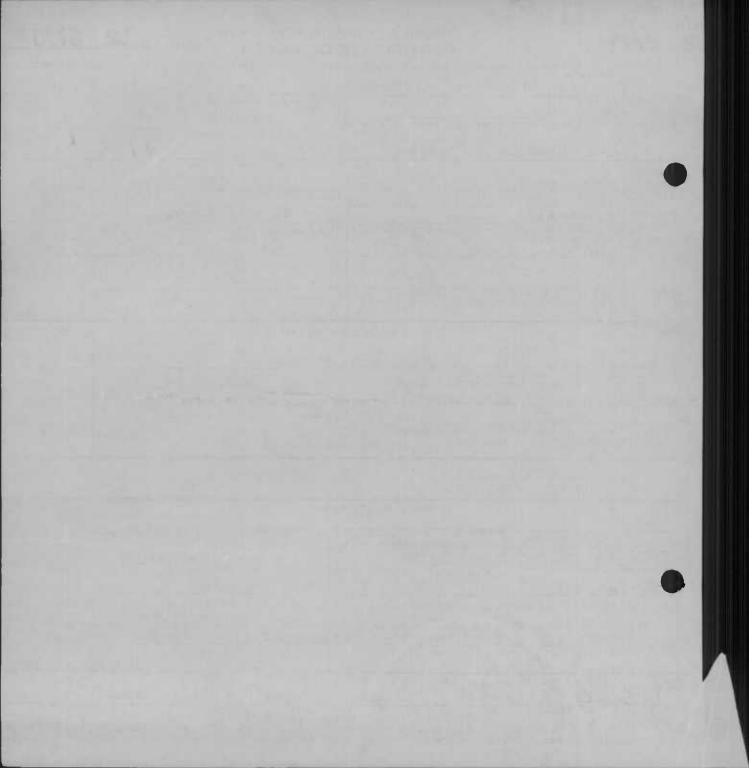
DATE RECEIVED BY

LOCAL REGISTRAR

1638K

25. FUNERAL DIRECTOR

7 1 2.1



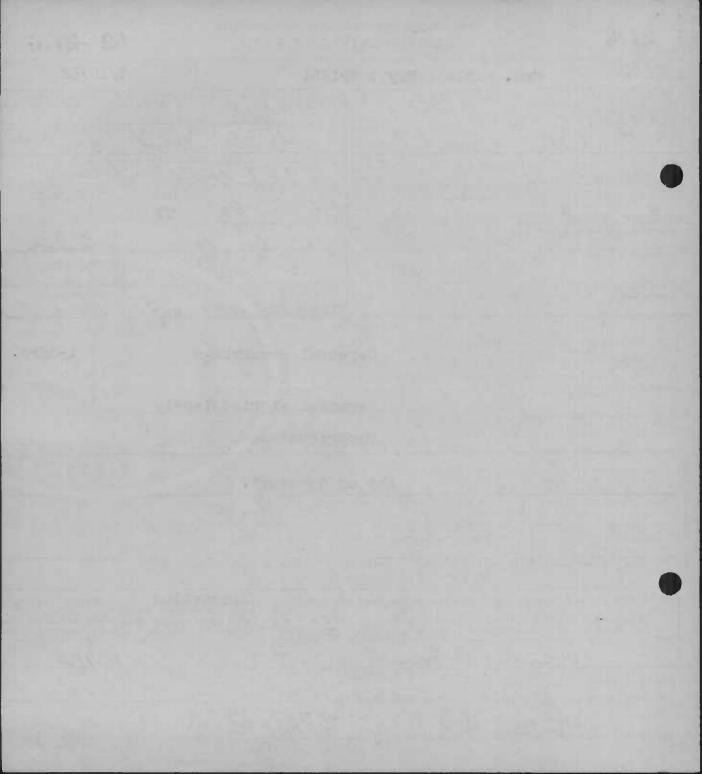
6	23.0	BALTIMORE CITY HE	EALTH DEPARTMENT	V	
8	IRTH NO	CERTIFICATE	E OF DEATH	Registered No.	2776
	NAME OF DECEASED Type or Print) Mrs.	. Mable (May) Wr	right	2. DATE OF DEATH / 3/19	/52
А	PLACE OF DEATH: Baltimore City, Maryland	Balto.	4. USUAL RESIDENCE (W		tution : residence before admission)
H	FULL NAME OF Continuous in hospital or Institution	al or institution, give street address or location)	c. CITY OR TOWN (If	outside corporate limits, wr	RURAL and give
ı	ngth of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (IF	rural, give location)	Res
5	SEX 6. COLOR OR RACE	7. SINGLE, MARRIED; WIDOWED, DIVORCED (Specify)	5-27-95	9. AGE (In years last birthday) Months	1 Year I! Under 24 Hours Days Hours Min.
wor	DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired) B. FATHER'S NAME	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	la 1	CITIZEN OF WHAT COUNTRY
1.	V ATHERS NAME		14. MOTHER'S MAIDEN NA	AME	
15 (Ye	WAS DECEASED EVER IN U. S. ARMED (If yes, give war or dates	FORCES7 16. SOCIAL sof service) SECURITY NO.	Godo Whith	- 6927 ADDR	ESS /
	18. 23/4	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION LEADING TO DEAT (This does not mean the mode o heart failure, asthenia, etc. It mea injury or complication which c	TH of dying, e.g., ns the disease, (A) Cere	ebral Hemorrha	де	1-2Hrs.
CATION	ANTECEDENT CAUS DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	(B) Cer	ebral ateriosc.	le nsis	
RTIFI	OTHER SIGNIFICANT CONDITIONS TO THE DISEASE OF CONDITION	NOT RELATED A CO	f deceased.		
AL CE		98. MAJOR FINDINGS OF OPERA	ATION		20 AUTOPSY?
EDICA	21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in ebont home, farm, factory, street, office bldg., et	or 21c. WHERE DID (If	in Baltimore City, give e	exact location)
Σ	21D. TIME (Month) (Day) (Year) OF INJURY	(Hour) 21E. INJURY OCCURRE WHILE AT NOT WHILE M. WORK AT WORK	21F. HOW DID INJURY	OCCUR?	
	and death in my opinion	ge of the remains described at said Autopsy, Inspection or In resulted from: natural causes	Autopsy, I nquiry, find that said de X accident □, suicide	nspection or Inquiry $ccased$ died on the de \Box , homicide \Box , undet	ermined [].
	23A. SIGNATURE	(A)	238 CHIEF MEDICAL E ASSISTANT MEDICAL E	XAMINER [] 23c. DA	

24A. BURIAL, CREMA-TION, REMOVAL (Specify) DATE RECEIVED BY LOCAL REGISTRAR

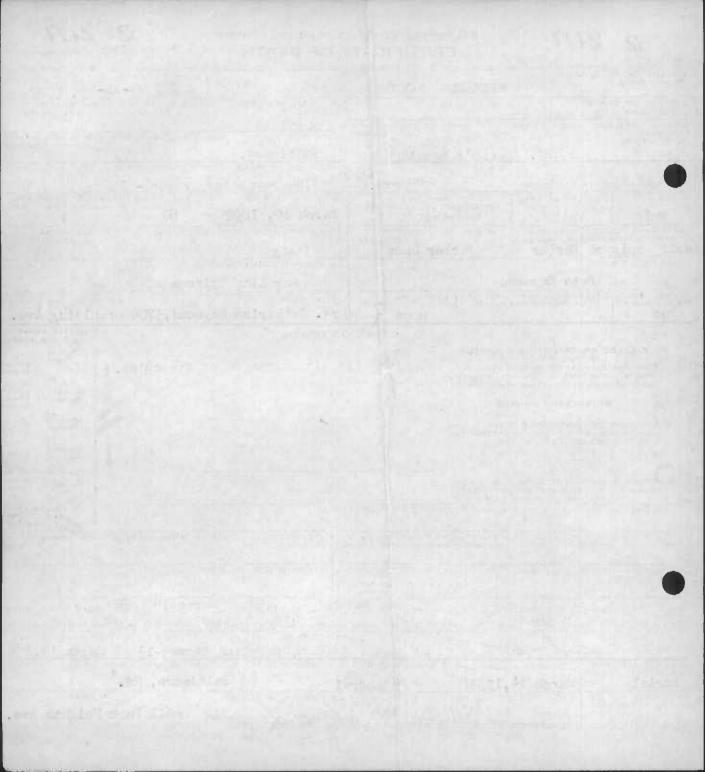
(State)

REGISTRAR'S SIGNATURE

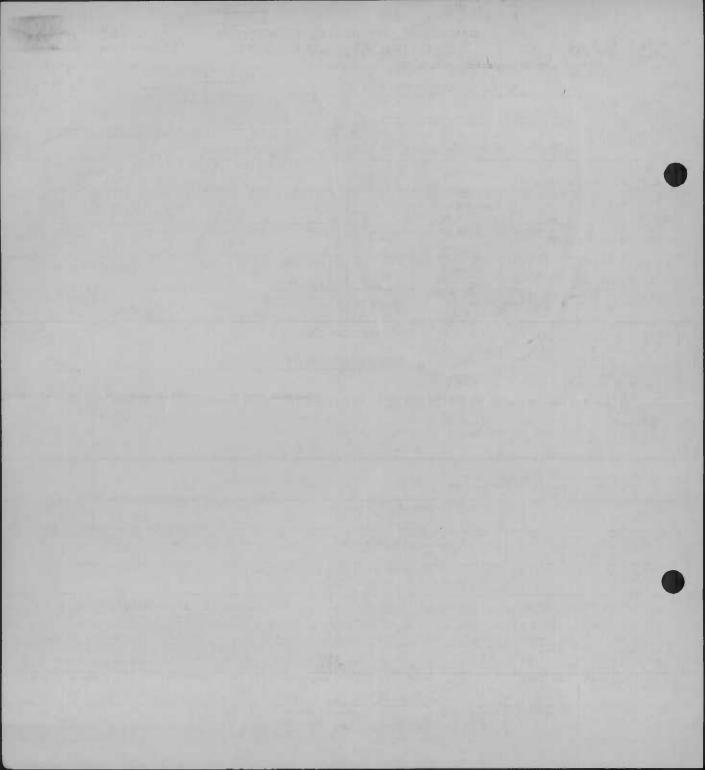
25. FUNERAL DIRECTOR



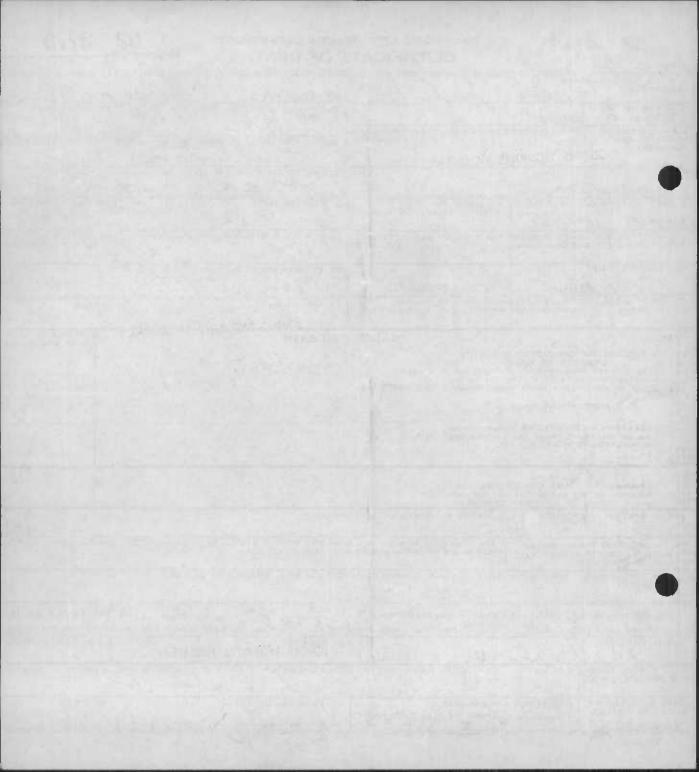
5	3						
		2777	BAL	TIMORE CITY H	EALTH DEPARTMENT	52	2777
В	IRTH NO.	6111		CERTIFICAT	E OF DEATH	Registered No)
1.	NAME OF D	ECEASED				2. DATE	
(1	Type or Print)		MICHAEL	RAYMOND		OF March	19. 1952
	PLACE OF D Baltimore (EATH: City, Maryland			4. USUAL RESIDENCE (V		
	FULL NAME OSPITAL OR	OF (If not in hospit	al or instituti	on, give street address or location)			
	STITUTION				c. CITY OR TOWN (If	outside corporate limits,	write RURAL and give
_		St. J	oseph's	Hospital	Baltimore,	1-1	8
				Yrs. Mos.	D. STREET ADDRESS (If		
Ġ.		tay in Baltimore		45 yrs Days		e Avenue - 15	
5.	Male	6. COLOR OR RACE	WIDOW	. MARRIED. ED.DIVORCED (Specify) ried	March 10, 1892	9. AGE (In years If Warshirthday) Mont	ths Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo		2. CITIZEN OF
86	elf emplo	of working life, even if retired) yed Barber		rber Shop			WHAT COUNTRY
13	B. FATHER'S	NAME			14. MOTHER'S MAIDEN N.	AME	
		Pete Raymon			Angelina Sp	pinosa	
15 Ye	MAS DECEASE	D EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ADI	DRESS
	no			none	Mrs. Catherine Ra	lymond, 3704 Sp	aulding Ave.
DICAL CERTIFICATION	(This does heart failu injury or DISEASE: RISE TO TUNDERLY OTHER STRIBUTING TO THE O	LEADING TO DEA's not mean the mode of the asthenia, etc. It mean the complication which of the asthenia, etc. It means the mode of the asthenia, etc. It means the asthenia to the asthenia to the death, but is a to the death, but is asthenia etc. It means the death of the death	TH of dying, e. g ins the disease caused death. SES F ANY, GIVIN STATING TH ST. ITIONS CON NOT RELATE I CAUSING II 9B. MAJOR	(B)	n or 21c. WHERE DID (1	ofBro.nchius.	20. AUTOPSY? YES NO Propose exact location)
M		(Month) (Day) (Year)	(Hour) 2	21E. INJURY OCCURR	ED 21F, HOW DID INJURY	Y OCCUR?	
	INJURY		m. w	HILE AT NOT WHILE			
	deceased al	ive on March 1	ended the	deceased from Mai	rch 9, 1952, to 1 rred at 10:30pm., from t	March 19, 1952, he causes and on the	that I last saw the
	23A. SIGNAT	TURE	72	2 1 2	1400 N. Caroline	Street_13	March 19.19
	4A. BURIAL. C		1 2	AC NAME OF CEMETE	RY OR CREMATORY 240. L		
TIC	on Removal (S burial	March 24	1.1952	Cathedr	al Ba	ltimore, Md.	
	ATE RECEIVED	D BY REGISTRAR			25. PUNERAL DIRECTOR		ADDRESS
14	40 00 10	57 Ht +	ton Wil	hours, Mr.	alamar Lemmo	n. 4011 Park	Heights Ave.
V)	AIVS 150	J. Harris	01.	6.0	20175		
				/	408F		



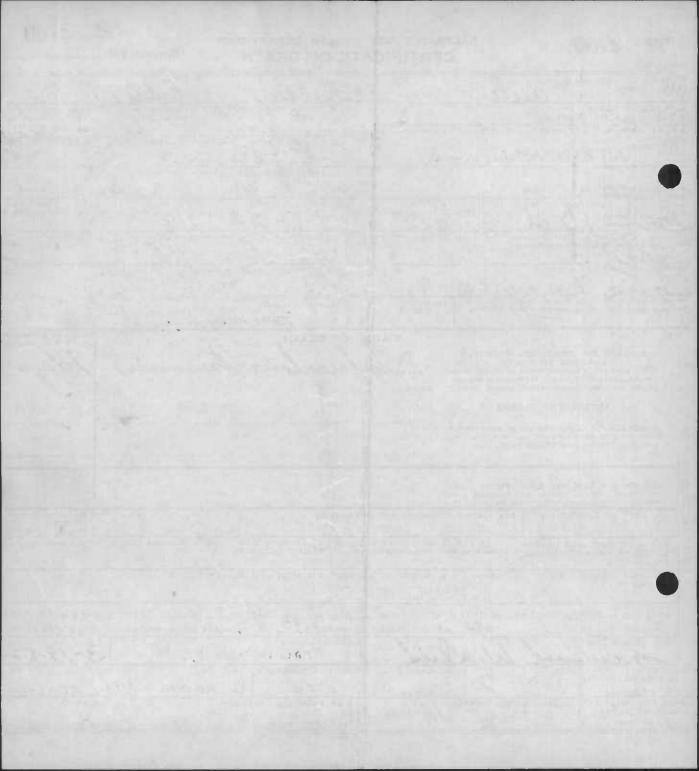
Registered No. 2/18 BALTIMORE CITY HEALTH DEPARTMENT 2778 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF RUBY ST. ELMO - BARRETT March 20 DEATH 4, USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give c. CITY OR TOWN INSTITUTION South Baltimore General Hospita township) Baltimore D. STREET ADDRESS (If rural, give location) Mos ength of stay in Baltimore 518 S. Hanover Street Days 7. SINGLE, MARRIED 6. COLOR OR RACE 9. AGE (in years | M Under | Year | M Under 24 Hours | last birthday) | Months: Days | Hours | Min. WIDOWED, DIVORCED (Specify) female 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANJ (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO 18. 322,0 DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Acute alcoholism heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B, MAJOR FINDINGS OF OPERATION 20. AUTOPSY7 19A. DATE OF OPERATION YES NO 218, PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIBabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING [CAUSE OF DEATH. ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE WHILE AT WORK AT WORK 22. I certify that I took charge of the remains described above, held an inspection & inquirythereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident , suicide , homicide , undetermined . 238. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER March 20 MEDICAL INVESTIGATOR ON, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) DATE RECEIVED BY ADDRESS OCAL REDISTRAR



560	*
CERTIFICAT	EALTH DEPARTMENT 52 27/9 E OF DEATH Registered No.
1. NAME OF DECEASES	A 2. DATE 2
(Type or Print) Daby Jirl X	anner DEATHAN. 20, 15-2
a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution residence B. COUNTY before admission
B. FULL NAME OF (If not in hospital prinstitution, give street address of HOSPITAL OR location)	C. CITY OR TOWN Outside corporate limits, write RURAL and gi
JOHNS HOPKINS HOSPITAL YES	D. STREET ADDRESS (If rural, give occation)
c. Length of stay in Baltimore Days	John I and
5. SEX 6. COLOR OR RACE 7. SWOTE. MARRIED. WIDOWED, DIVORCED (Specify)	8. SATE OF BIRTH 3-19-5-2 9. AGE (In years If Under 1 Year Months Days Hours Min 3-19-5-2
10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIBT SPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR
19-FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Xanner	Margaret Mae
15. WAS DECEASED EVER IN U. S. ARMÉD FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	7. INFORMANT ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. UNDERLYING CONDITION LAST. (C)	OF DEATH NEMATURE NEMATU
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	
O. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from, 3	19 1952, to 3/20 , 1052, that I last saw t
deceased alive and 120, 1952, and that death occu	
ment shirty M.O.	JOHNS HOPKINS HOSPITAL
24a. BURIAL, CREMA- 24B. DATE 19 24C. NAME OF CEMETE TION, REMOVAL (Specify)	REMATTAL BALLIE (City, town, or county) (State
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
MAR 21 1952	Torsales Tourend 7 4 740 1 Bolar Ra
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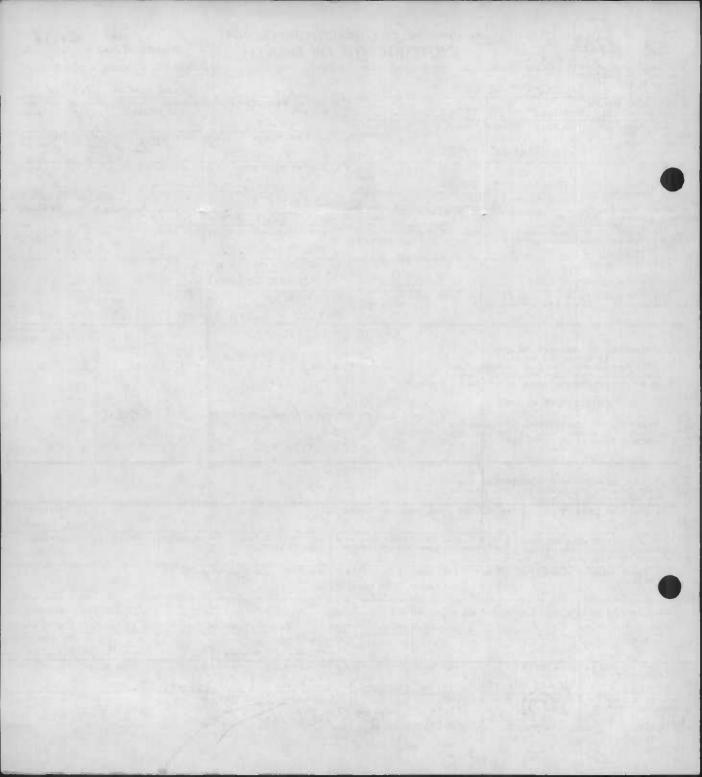


32	
52 2780 BALTIMORE CITY	HEALTH DEPARTMENT 52 2780
CERTIFICATION CERTIFICATION	ATE OF DEATH Registered No.
1. NAME OF DECEASED (Type or Priat)	adshour 2. DATE Ass. 19, 19, 2
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, if institution: residence a. STATE B. COUNTY Defore admission)
B. FULL NAME OF (If not in hospital or institution, give street addre	ess or MA 18-0
JOHNS HOPKINS HOSPITAL	Dallemore township)
c. Length of stay in Baltimore /5	Ars. D. STREET ADDRESS (If rural, dive location) Those Days // / August At
S. SEX 6.COLON OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (S	s. DATE OF BIRTH 9. AGE (In years if Under 1 year Months Days Hours Min.
TOA. USUAL OCCUPATION (Givekind of work doae during gost of working life, even if retired)	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Louis BradshawN. C	. Ethel Rich N. C.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY N	
18. 11. 2 X CAU	SE OF DEATH . SITUATION INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	herentous (neumonia I days
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
U TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF C	DPERATION 20. AUTOPSY?
21a. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (about home, farm, factory, street, office	e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location)
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 218. PLACE OF INJURY (about home, farm, factory, etreet, office	
TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCC	
m. WHILE AT NOT WORK AT W	ORK
22. I hereby certify that I sttended the deceased from_	
deceased alive on 3/1, 19.52, and that death of	238. ADDRESS 23c. DATE SIGNED
mederick W. Which M.O	
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)	METERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRANGE SIGNATURE	LEN DURHAIN NE CAROLINA
MAR 211952	WISTIAM A JACKSON PENNA AVE
VS 150	82 8 K

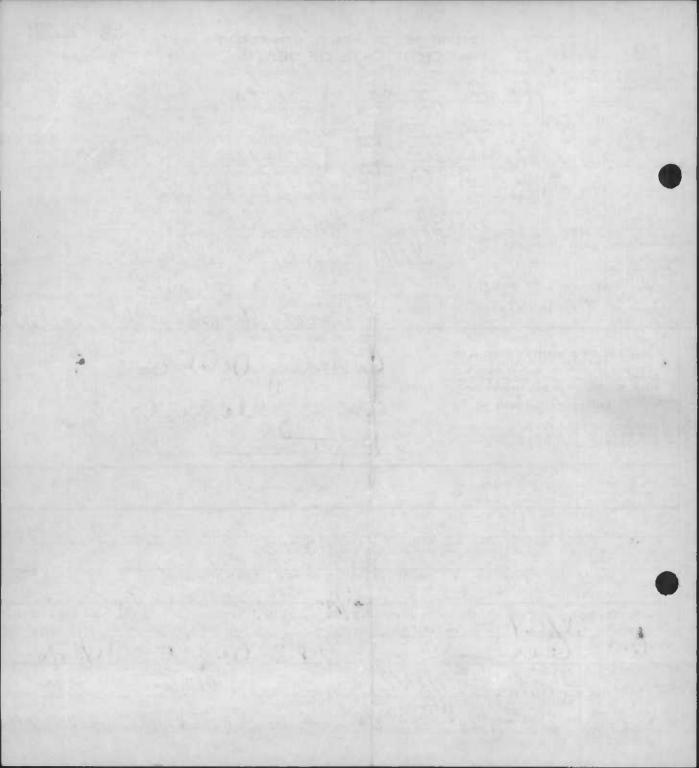


Registered No. 2781 BALTIMORE CITY HEALTH DEPARTMENT 2781 CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) Mary G Allen DEATH March 19, 1902 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: Baltimore Md. A. Baltimore City, Maryland B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION (township) 912 Montpelier St Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 912 Montpelier St ngth of stay in Baltimore 12 years Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years I Under I Year I Under 24 Hours Min. 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) August 23, 1904 Female White Married IOA. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY New York N.Y. Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Julia Driscoll John Dooley 15. WAS DECEASED EVER IN U, S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Walter F Allen (Husband) 912 Montpelier St INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Coronary Occlusion (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Formary Carrinoma of Breast ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING with Metastasiu to Right Long RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER-INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT WORK 19 52 to 3 - 19 , 19 52 that I last saw the 22. I hereby certify that I attended the deceased from 3-15 deceased alive on 3-19 19 3 and that death occurred at 19 9 m., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE 24A. BURIAL CREMA-24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24B DATE TION, REMOVAL (Specify) March 22 1952 Holy Redeemer Cemetery | Baltimore Burial 25. FUNERAL DIRECTOR / DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR 2713 Kirk Ave

untrigitor

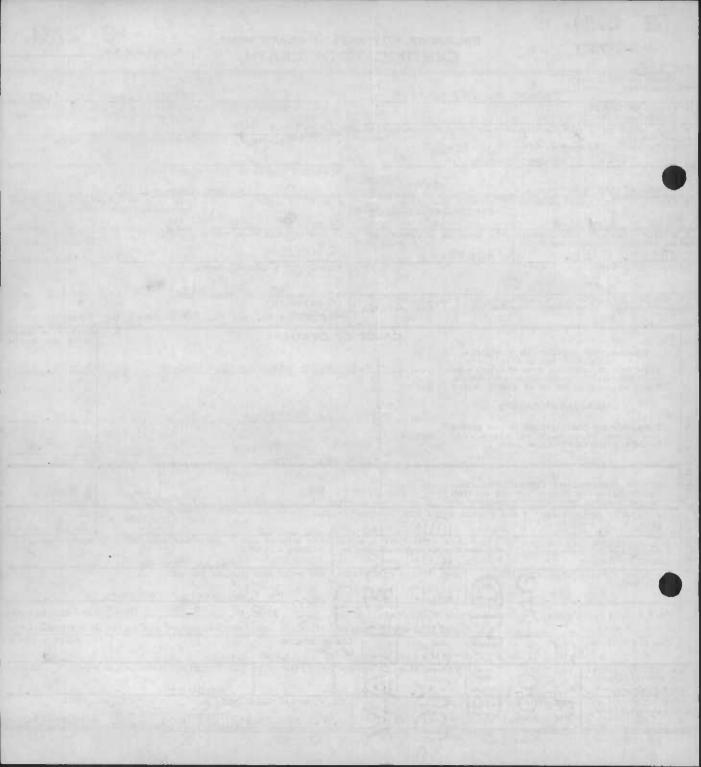


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69 9909	RTIFICATE OF		Registered No	2782
1. NAME OF DECEASED (Type or Print)	nederick B.	2/2011	ATE OF March	16 1959
S. PLACE OF DEATH: A. Baltimore City, Maryland	A. STAT	AL RESIDENCE (Where d		ution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, gi	7	OR TOWN (If outside	corporate limits, wri	te RURAL and give
UNIVERSITY 1703	Yrs. o. STRE	TAINTO. ET ADDRESS (If rural, s	rive location)	03000
c. Length of stay in Baltimore 5. SEX 16. COLOR OF RACE 7. SINGLE, MAI	Mos. Days 8/3	OF BIRTH LA CO	SE (In years Under	Your William 24 Hours
Male Col. SING!	VORCED (Specify) Noy.		st birthday) Months	
10A. USUAL OCCUPATION (Glvekindof 10B. KIND OF E work done duylag moet of working life, even if retired)	SUSINESS OR II. BIRTI	HPLACE (State or foreign		WHAT COUNTRY?
13 FATHER'S NAME	14. MOTH	HER'S MAIDEN NAME	(42, 1)	,.014
	SOCIAL IT. INFO	CISA JOYAV	/ADDRE	. 55
110	SECURITY NO.	ver Woods	13/4 e)	Field W.Ya
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEA	тн/		NTERVAL BETWEEN DNSET AND OEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	(A) CANTYUR	~ Occur	RULL	1
injury or complication which caused death.) ANTECEDENT CAUSES	OUE TO	12/2		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)	Document	3	
UNDERLYING CONDITION LAST.	(c) trille	1		
OTHER SIGNIFICANT CONDITIONS CON-			The second secon	
TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	DINGS OF OPERATION			20. AUTOPSY?
7		(16 : 1)		YES NO
Z1A. ACCIDENT WAS UNDER 21B. PLACE O LYING OR CONTRIBUTING about home, form, fac		WHERE DID (If in I) RY OCCUR?	altimore City, give o	exact location)
TIME (Month) (Day) (Year) (Hour) 21E. I.	T NOT WHILE	HOW DID INJURY OCC	UR?	
22. I hereby certify that I attended the deced	7 103	, 19 ⁵ <, to	_, 195 , 4h	at I last saw the
	hat death occurred at 238. ADDR		ses and on the do	
l'and	M. O. J	7 Our	ON City, town, or co	120/00
Buriol March 20 1802	IN Aulain	Um Ball	- 10, toma, or co	Mal.
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR		TAL DIRECTOR	ADE	PRESS 322/
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	11031	7		

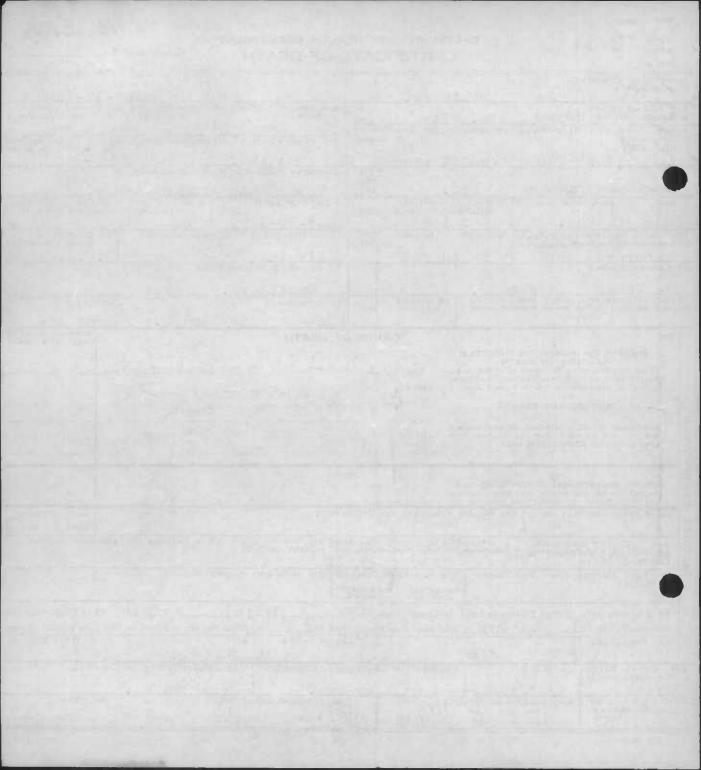


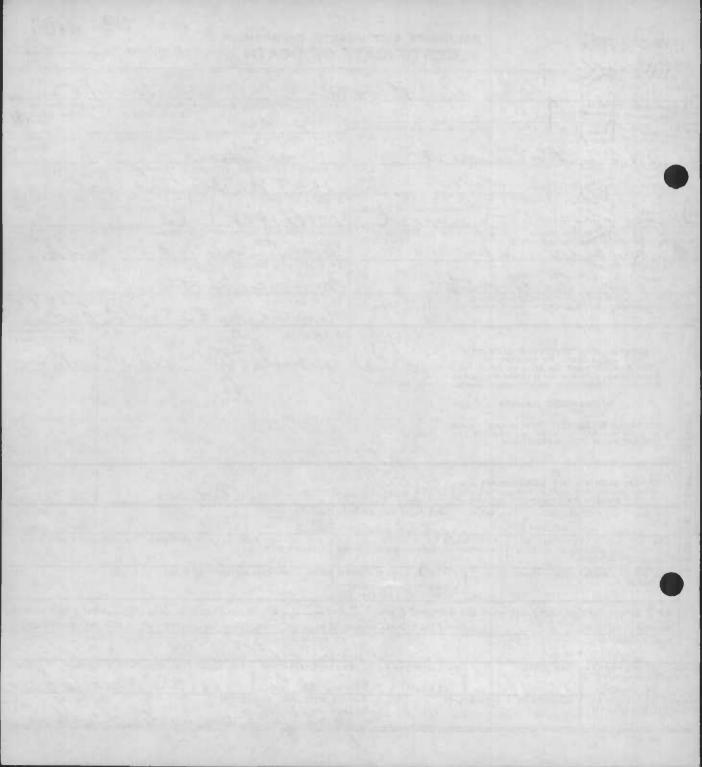
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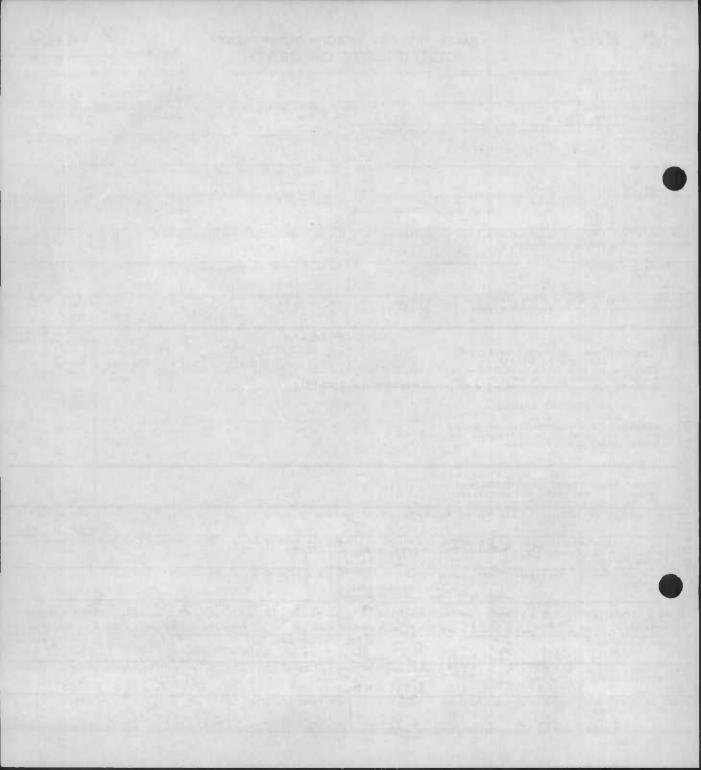


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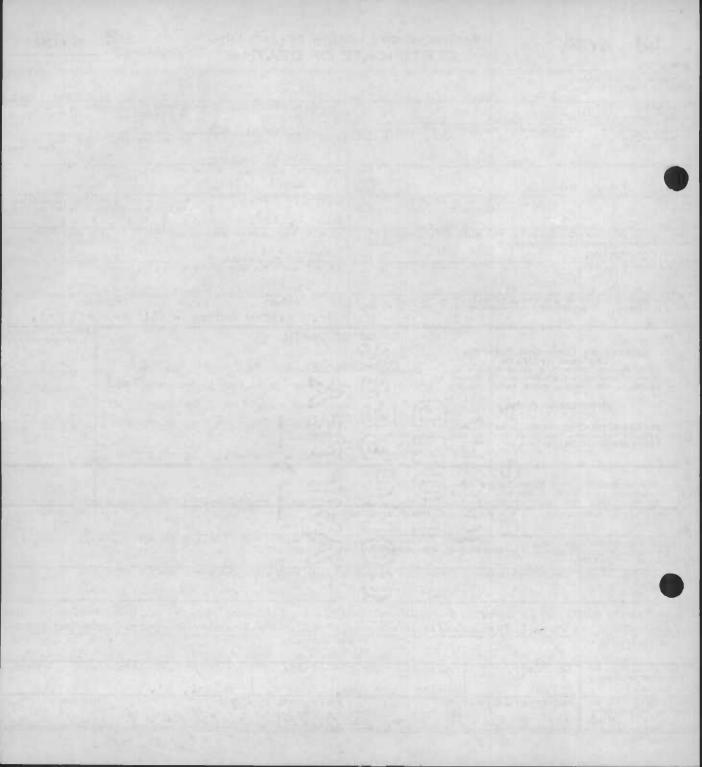




5	00						
52 2787 BALTIMORE CITY HEALTH DEPARTME CERTIFICATE OF DEATH						Registered No.	2787
1.	NAME OF ype or Print)		UGUST H	IRT M		2. DATE OF Mon	. 18, 1952
	PLACE OF	DEATH:	.00001	and alpha & A	4. USUAL RESIDENCE (W	here deceased lived. If ins	stitution : residence
	Baltimore	City, Maryland OF (If not in hospital	al or instituti	on, give street address or	A. STATE	B. COUNTY	before admission)
H	STITUTION	1810 Piggs		location)	c. CITY OR TOWN (If Baltimore	outside corporate limits,	vrite RURAL and give township)
G.	Length of	stay in Baltimore		Yrs. Mos. Days	o. STREET ADDRESS (If	rural, give location)	
5.	SEX	6. COLOR OR RACE		. MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH NOV. 7, 1872		der I Year II Under 24 Hours hs Days Hours Min.
work		CCUPATION (Give kind of t of working life, even if retired)		of Business or INDUSTRY	11. BIRTHPLACE (State or for	oreign country) 1:	2. CITIZEN OF WHAT COUNTRY?
-	. FATHER'S	NAME		4. 0002)	14. MOTHER'S MAIDEN NA	AME	
(Ye	. WAS DECEA	SED EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Trma Heim		PRESS
ERTIFICATION	(This do heart fai injury o DISEASI RISE TO UNDERL	SE OR CONDITION LEADING TO DEAT so not mean the mode o ure, asthenia, etc. It mea c complication which c ANTECEDENT CAUS ES OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA II SIGNIFICANT CONDITION THE OBTH ON THE OBJECT OF THE OBJECT ON THE OBJECT ON THE OBJECT ON THE OBJE	FH f dying, e. g ns the disease aused death. EES ANY, GIVIN STATING TH	(B)	Carlis Parce	la Disease	milmon
Ü	TO THE	DISEASE OR CONDITION	CAUSING 17		ATION		20. AUTOPSY?
DICAL							YES NO
MEDIC	LYING CAUSE OF	(Month) (Day) (Year)	(Hour)	CE OF INJURY (e.g., in arm, factory, street, office bidg., c 21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	stc.) INJURY OCCUR?	f in Baltimore City, giv	e exact location)
	22. I here	by certify that I att	ended the	deceased from	15 to/h		that I last saw the
	23A. SIGN	ATURE	5, 19 J V., o	and that death occur	3B. ADDRESS	he causes and on the	date stated above.
2.4 TIC	AA, BURIAL, ON, REMOVAL Buria	CREMA- (Specify) 3-21.	-52	M.O. 24C. NAME OF CEMETE	RY OF CREMATORY 240. L	Balto.	Mounty) (State)
	ATE RECEIV		S SIGNATU		25. FUNERAL DIRECTOR	buer V. Sni	ADDRESS
-	VS 150	Tout	A A	Yalkawa-, Mg	2 6/5	(Salto 17	md.



Registered No. 2788 2788 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE Virginia DEATH 19 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A Baltimore City, Maryland Luis. B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Meningraite Yrs. D. STREET ADDRESS (If rural, give location) Mos. 2902 mosher length of stay in Baltimore Davs 5, SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years | | Under 1 Year | M Under 24 Hours | Months Days | Hours Min. temale June 9, 1882 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Companion 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME magaic 15. WAS DECEASED EVER IN U. S. ARMED TORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. Mr. William Godman - 741 Bartlett Ave. NTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Caterio-scleratio HCUO with (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. DUE TO 1) certario. sclerosis generalized, injury or complication which caused death.) a) Coronary actory sclerosis = ANTECEDENT CAUSES (B) 3) Weysecurdian to furction post DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) 4) Schoolery Terration Shock & OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED abdumined greatysu as with menery TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION EDICAL 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) INJURY WHILE AT WORK 22. I hereby certify that I attended the deceased from 3 13 , 19 5 to 3 19 , 19 Sthat I last saw the deceased alive on 2: 20 and that death occurred at 2:30 pm., from the causes and on the date stated above. 23A SIGNATURE 23B. ADDRESS 23c DATE SIGNED anne. Jaus 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) 24B. DATE Balto., Md. /23/52 Loudon Park Cem. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR VS 150

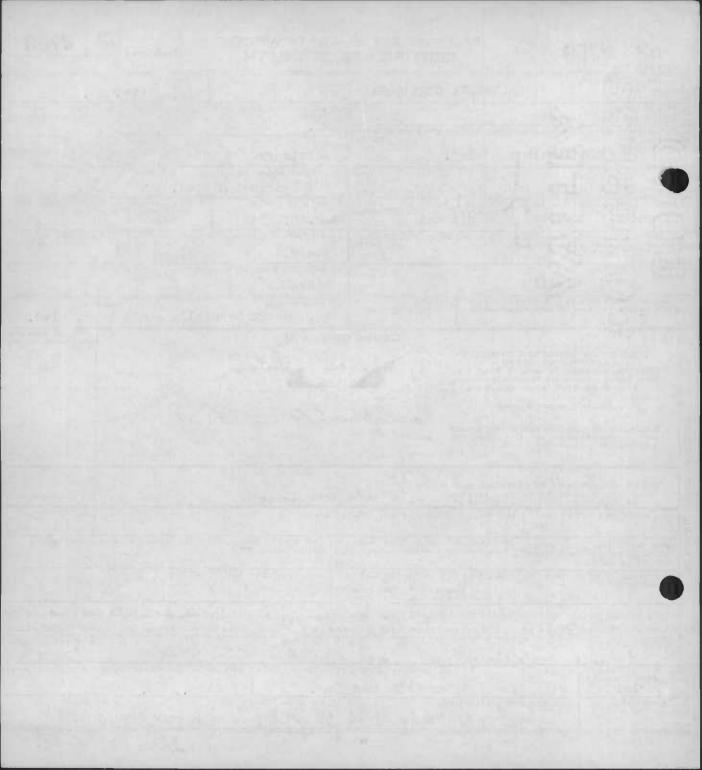


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BIRTH NO.	
I. NAME OF	

	52 278	39		HEALTH DEPARTMENT	Registered No.	2/89
	RTH NO.		OLIVIII IOA			
1. (Ty	NAME OF DECEAS pe or Print)		ATORA CERNIGLIA		2. DATE OF DEATH Mar. 2	20, 1952
Α.	PLACE OF DEATH: Baltimore City, I	faryland	A*A	4. USUAL RESIDENCE () A. STATE Md.	Where deceased lived, If ins B. COUNTY	titution: residence before admission)
HO	SPITAL OR	Washington	nstitution, give street address location	0.2	f outside corporate limits, v	vrite RURAL and give
	ength of stay in	Baltimore	Yr Mo Da	s. 601 Washington		
5.	female 6.com	white	SINGLE, MARRIED. VIDOWED, DIVORCED (Spec WIDOWED	8. DATE OF BIRTH	9. AGE (In years ff Unc last birthday) Month	ler I Year II Under 24 Hours As Days Hours Min.
10A work	done during most of working NOVER WORK	TION (Give kind of glife, even if retired)	. KIND OF BUSINESS OR INDUST	11. BIRTHPLACE (State or 1	foreign country) 12	CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME			14. MOTHER'S MAIDEN N	NAME	
	Rosario	Miceli		Giovanna ?		
15. (Yes,	WAS DECEASED EVER	R IN U.S. ARMED FOR	CES? 16. SOCIAL SECURITY NO	Mr. Robert Cer	ADD niglia - 604 Wa	sh. Bhvd.
	18.420.0		CAUS	OF DEATH		INTERVAL BETWEEN
	DISEASE OR	CONDITION DIRE	CTLY	. 1.		7
	(This does not m	ING TO DEATH	ng, e.g., (A)	ulie Falme		,
		enia, etc. It means the cation which caused				
	ANTE	CEDENT CAUSES	10		7	7
NO		ONDITIONS, IF ANY	, GIVING	Timberty H. T	<u></u>	
ATI	UNDERLYING	OVE CAUSE (A) STAT				
2			(C)			
ERTIFICATION	TRIBUTING TO TH	II ICANT CONDITION HE DEATH, BUT NOT	RELATED DOG	hors reumania		3 days
U .	19A. DATE OF OPE	CRATION 198.	MAJOR FINDINGS OF OF	ERATION		20. AUTOPSY?
AL		0				YES NO
MEDICAL	21A. ACCIDENT V LYING OR CON CAUSE OF DEATH	TRIBUTING abo	B. PLACE OF INJURY (e. ut home, farm, factory, street, office bloome,		(If in Baltimore City, give	e exact location)
4	D. TIME (Month	(Day) (Year) (Hou	r) 21E. INJURY OCCU	RRED 21F. HOW DID INJUR	RY OCCUR?	
	INSORT		m. WHILE AT NOT WH			
	22. I hereby cert	ify that I attende	ed the deceased from ?	raul 12 , 1952, to Y	hand 20, 1952;	that I last saw the
		Much 19 , 19	52, and that death oc	curred at 8 4.m., from	the causes and on the	date stated above.
	23A, SIGNATURE	0 0		23B. ADDRESS Wederal Cuts		23c. DATE SIGNED
21	A BURIAL CREMA	24B. DATE	M. D.	TERY DR CREMATORY 24D.		county) (State)
TIO	A. BURIAL CREMA- N. REMOVAL (Specify) Burial	3/24/52	New Cathedra		alto., Md.	
DA	TE RECEIVED BY	REGISTRAR'S \$1		25 FUNERAL DIRECTOR	A A	PPRESS
LO	CAL REGISTRAR	Huntington	~ Wellegues- ME	Hywin . EV . V	ickner & x	Mis

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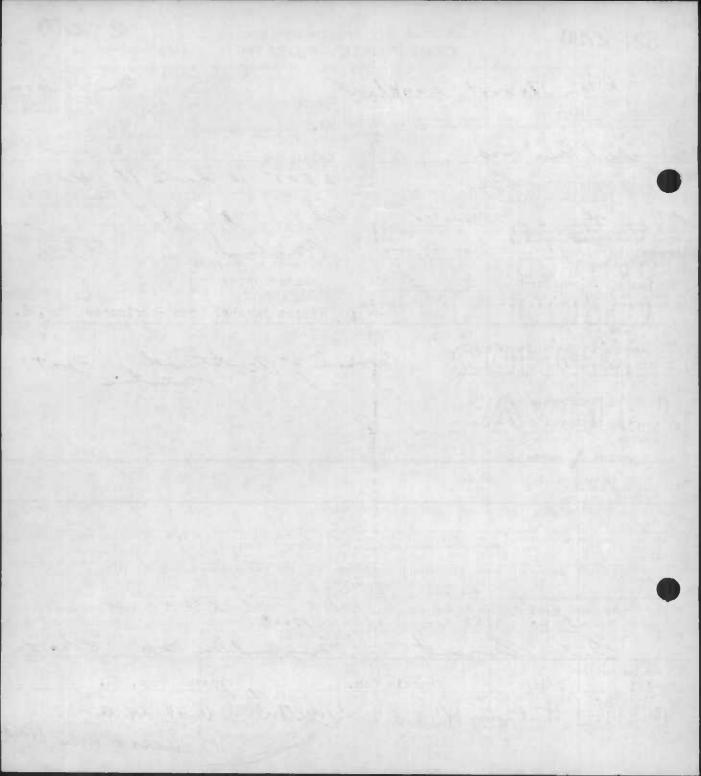


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 2790

DIPTH NO	CERTIFICAT	E OF DEATH	- Registere	d No.
I. NAME OF DECEASED (Type or Print) Milton Stewart	- Lankton	/	2. DATE OF DEATH	n 20, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland			NCE (Where deceased lived	
	tution, give street address or location)	c. CITY OR TOWN	(If outside corporate l	imits, write RURAL and give
Oath of ston in Polkins 1914	Yrs. Mos.		SS (If rura), give location	1 418
	Days GLE, MARRIED, DWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years	M Under 1 Year Hours Min.
10A USUAL OCCUPATION (Give kind of work dooe during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY		tate or foreign country)	12. CITIZEN OF
13. FATHER'S NAME	J	14. MOTHER'S MAI		
Benjamin F' - Lankford 15. WAS DECEASED EVER IN U. S. ARMED FORCES: (Yes, no or unknowo) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	neral Home - Pri	ADDRESS incess Anne, Md.
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the disinjury or complication which caused default of the complex of the caused default of the caused default of the cause	ease, ath.) DUE TO (B) VING THE DUE TO (C)		nte int	
TO THE DISEASE OR CONDITION CAUSING		RATION		20. AUTOPSY?
	PLACE OF INJURY (e.g., me, farm, factory, street, office bldg.,	ED 21F. HOW DID		YES NO L
22. I hereby certify that I attended to deceased alive on 3/2., 1952	he deceased from /	rrad at Zio 2 Am.,		952, that I last saw th n the date stated above
23a. SIGNATURE	M. D. 6	23B. ADDRESS	I San Hors	3/20/52
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial 3/22/52	Manokin Cem.		Princess Anne,	
DATE RECEIVED BY REGISTRAR'S SIGNAL LOCAL REGISTRAR MAR 2 1 1952 Huntington		25. FUNERAL DIR	PETOR /	ADDRESS
VS 150			Princes	rue - ex anne, Mo



52 2751 BALTIMORE CITY HEALTH DEPARTMENT 2791 Registered No ... CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) JAMES BLACKMAN DEATH March 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) Marvland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Johns Hopkins Hospital Baltimore D. STREET ADDRESS (If rural, give location) Mos. ngth of stay in Baltimore N. Rutland Avenue Days 7. SINGLE, MARRIED 9. AGE (in years | Il Under | Year | Il Under 24 Hours last birthday) | Months: Days | Hours | Min. 5. SEX 6 COLOR OR RACE 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) male colored marries 108. KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country), 12. CITIZEN OF INDUSTRY WHAT COUNT work done during most of working life, even if retired) Pretiel W orter DYO 13 FATHER S NAME unknown lux own 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, c.g., (A) Hypertensive cardiovascular disease heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT YES X 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB. about homo, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING [] CAUSE OF DEATH. 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT

AT WORK

WORK

22. I certify that I took charge of the remains described above, held an _partial autopsy

the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes A, accident [], suicide [], homicide [], undetermined []. 23A. SIGNATURE

24A. BURIAL. CREMA, TION REMOVAL (Specify) DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE Junes ston

ASSISTANT MEDICAL EXAMINER - M.D. MEDICAL INVESTIGATOR 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 25. FUNERAL DIRECTOR

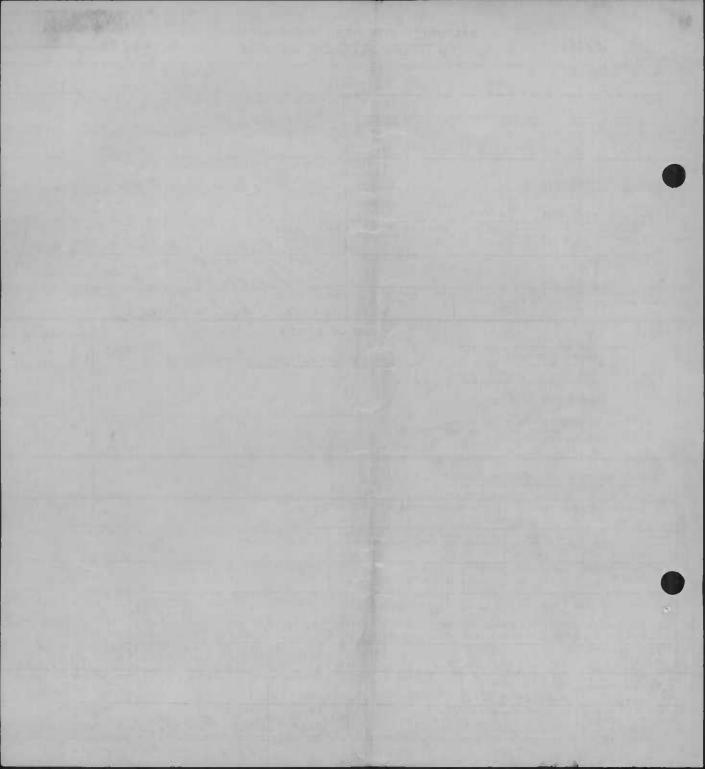
238, CHIEF MEDICAL EXAMINER

VADDRESS Day

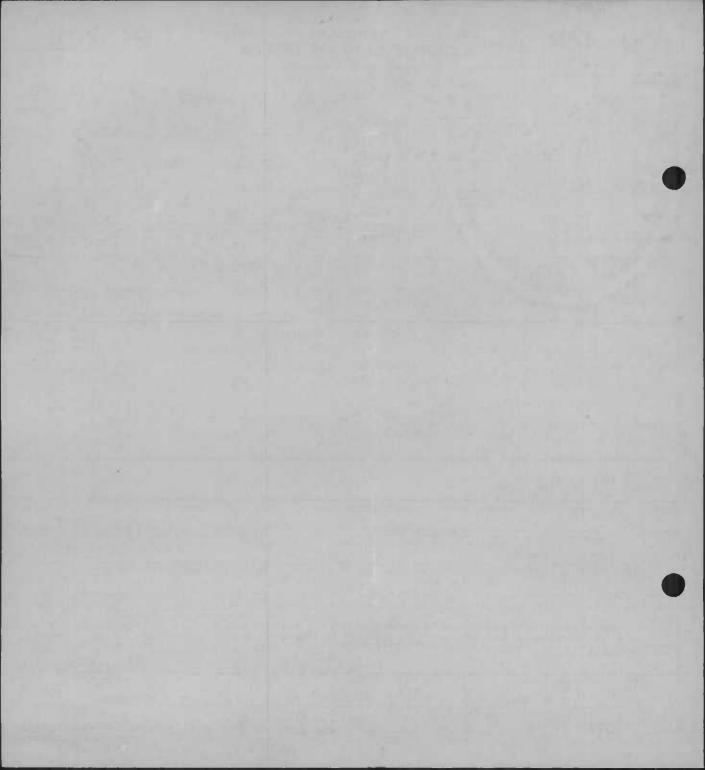
thereon and from

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Autopsy, Inspection or Inquiry



25						
52 2792 BIRTH NO. 51-28115	BALTIMORE CITY HE CERTIFICATI		Registered No.	2792		
1. NAME OF DECEASED (Type or Print) RUB	Y JACKSON		2. DATE OF DEATH March	19, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deccased lived. If ins B. COUNTY	titution : residence before admission)		
B. FULL NAME OF (If not in hospital HOSPITAL OR INSTITUTION Baltimore Ci	location)	Maryland c. CITY OR TOWN (If a Baltimore	outside corporate limits, w	orne RURAL and give township)		
ength of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If a 5605 Swif				
Female Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	Nov 29/5	9. AGE (In years ff Und last birthday) Month	er I Year Hours 24 Hours Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	IOB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Backs, MA	reign country) 12	WHAT COUNTRY		
13. FATHER'S NAME Juleso	d	14. MOTHER'S MAIDEN NA	ME			
15/WAS DECEASED EVER IN U. S. ARMED F (Yes, no or unknowo) (If yes, give war or dates o	FORCES? 16. SOCIAL SECURITY NO.	17) INFORMANT JACK	seow. 56	RESS Surell		
Z DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, ctc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)					
TO THE DISEASE OR CONDITION C		ATION		20. AUTOPSY?		
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., i about home, farm, factory, street, office bldg., c		f in Baltimore City, give	YES X NO		
ZID. TIME (Month) (Day) (Year) (I	WHILE AT NOT WHILE BY. WORK AT WORK		OCCUR?			
the evidence obtained by s and death in my opinion r 23A. SIGNATURE 24A. BURIAL. CREMA: 24B. DATE TION REMOVAL (Specify)	aid Autopsy, Inspection or lesulted from: natural causes	Autopsy, I Inquiry, find that said de S M, accident □, suicide 23B. CHIEF MEDICAL E ASSISTANT MEDICAL E D. MEDICAL INVESTIGATO	nspection or Inquiry ceased died on the line homicide , und	ch 20, 1952		
DATE RECEIVED BY REGISTRAR'S HARRY 21 1952 Hunting	GIGNATURE Williams, M.F.	25. GUNERAL DIRECTOR	4. Eller 819	Adregates		
V S 151	and the	11297.	Carotine	01/		



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BALTIMORE CITY HEALTH DEPARTMENT

25 5190	CERTI	FICA	TE	OF	DEATH	
BIRTH NO.						

52. 2793 Registered No.

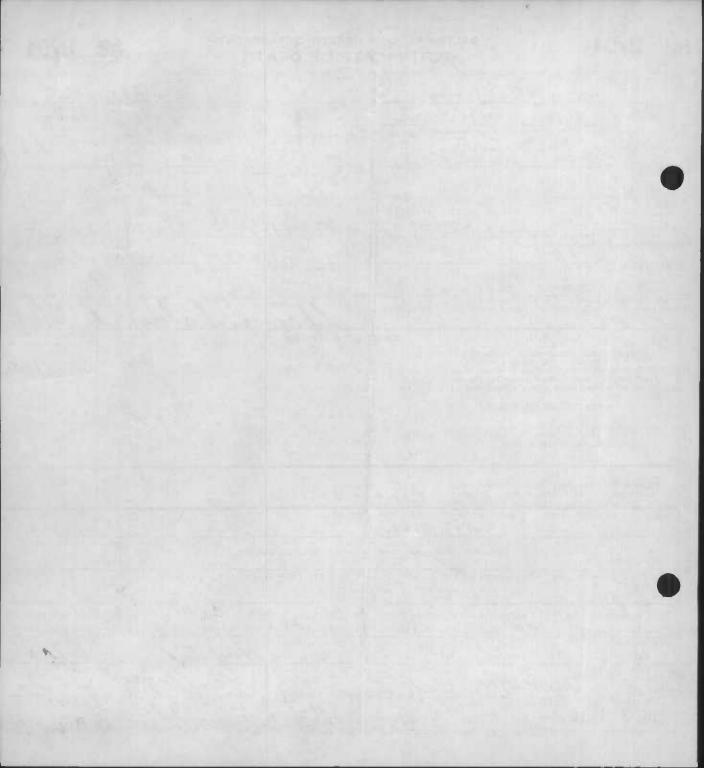
1. NAME OF D (Type or Print)		ARLES BAYER		2. DATE OF Marc	ch 19, 1952
3. PLACE OF D A. Baltimore (B. FULL NAME HOSPITAL OR INSTITUTION	City, Maryland 25:	24 E. Monument St. al or institution, give street address or location	c. CITY OR TOWN (If	Where deceased lived, If B. COUNTY outside corporate limit	institution: residence before admission) ts, write RURAL and give township)
c. Length of s	tay in Baltimore	66 years Mos.	D. STREET ADDRESS (If	Itimore rural, give location) 24 E. Monumer	nt St.
s. sex	6.COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify married	8. DATE OF BIRTH	9. AGE (In years last birthday) Mo	If Under 1 Year If Under 24 Hours onthis Days Hours Min.
ork done during most	CUPATION (Give kind of of working life, even if retired)	Haas Co.	Germany		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S N	Charles		14. MOTHER'S MAIDEN N	unknown	
Yes, no or unknown)	ED EVER IN U.S. ARMEE (If yes, give war or date	of service) 16. SOCIAL SECURITY NO. 215-18-9517	17. INFORMANT Veronica Bayer -		DDRESS
DISEASE: RISE TO T UNDERLY	re, asthenia, etc. It mea complication which c ANTECEDENT CAUS SOR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA	raused death.) DUE TO SES F ANY, GIVING STATING THE DUE TO ST. (C)			
TO THE D	ISEASE OR CONDITION		RATION		20. AUTOPSY7
LYING OF	DENT WAS UNDER- R CONTRIBUTING DEATH (Month) (Day) (Year)	21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg., (Hour) 21E. INJURY OCCURF WHILE AT NOT WHILE AT WORK AT WORK	RED 21F. HOW DID INJURY	of in Baltimore City,	YES NO give exact location)
deceased a 23A, SIGNA 24A. BURIAL, TION, REMOVAL (S Burial DATE RECEIVE	CREMA- Specify D BY REGISTRAR	conded the deceased from 19 and that death occurrence M.D.	238. ADDRÉSS 70 N. KLAG ERY OR CREMATORY 24D. L r Cemetery 4430 1 25. FUNERAL DIRECTOR	he causes and on the causes are caused and on the causes and on th	Balto.Md.
VS 150	13 4 Hunting	ton Williams, M.P.	Schimunek Funera 2601-3-5 E. Madi	ison St.	•

4	16
52	2794
BIRTH	NO.
	r Print)

BALTIMORE CITY HEALTH DEPARTMENT

/		50	00004
X	Registered	N6	4/14

BIRTH NO.			CERTIFICATI	E OF DEATH	Registered I	
	ECEACED.					
1. NAME OF D (Type or Print)		ealor	er		2. DATE OF DEATH 3/8	21/52
	City, Maryland	- Phys. 5	imore	4. USUAL RESIDENCE (V	B. COUNTY	institution: residence before admission)
B. FULL NAME HOSPITAL OR INSTITUTION		al or instituti	on, give street address or location)	c. CITY OR TOWN (If	outside corporate limit	, write RURAL and give
	Mercy /	tosp12	al	Baltime	rural, give location)	Ca po townsmill
c. Length of s	tay in Baltimore	?	Yrs. Mos. Days	7615 Cyp2	4 -	5300
5. SEX	6. COLOR OR RACE	WIDOW	. MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years H last birthday) Mon	Under I Year II Under 24 Hours nths Days Hours Min.
10A. USUAL OC	CCUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR	11. BIRTHPLACE (State or fo	preign country)	12. CITIZEN OF
House	wife		INDUSTRY	Baltimor		V S
13. FATHER'S	1	(-))		14. MOTHER'S MAIDEN N.	AME	
	ED EVER IN U. S. ARMEI		16. SOCIAL	Smith 17. INFORMANT		
Yes, no or unknown)	(If yes, give war or date	of service)	SECURITY NO.	lehas off	halmer"	Barrens A
18.420	. 1		CAUSE	OF DEATH	· ·	MYTERVAL BETWEEN
DISEA	SE OR CONDITION LEADING TO DEAT	TH	/1			
heart failt	s not mean the mode oure, asthenia, etc. It mea	ns the disease	2,	remia		Olmut 18day
injury or	ANTECEDENT CAUS) DUE TO			
DISTAGE			(B) Co>	onary Insuf	ficiency	ζ
RISE TO T	S OR CONDITIONS, 11 THE ABOVE CAUSE (A) YING CONDITION LA	STATING TH	E DUE TO			
5	THE CONDITION EX		(C)			
	11					
TRIBUTING	SIGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	D / halocy	stectomy		
			FINDINGS OF OPER			20. AUTOPSY?
2/29	152	Chole	lithiasis			YES NO
	DENT WAS UNDER PROPERTY OF THE		CE OF INJURY (e. g., in arm, factory, street, office bldg., e		If in Baltimore City, g	rive exact location)
P. TIME INJURY	(Month) (Day) (Year)		11E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
		m.	WORK NOT WHILE			
22. I hereb	y certify that I att	ended the	deceased from	126 1952 to 3		that I last saw the
23A. SIGNA	TURE	_, 1956,	and that death occur	3B. ADDRESS	he causes and on th	e date stated above.
Joss	pla a Th	ell	м. р.	mercy Hosp	rital	3/2//52
244 BURIAL.	pecify MAV 2	4/52	Cast Cast	RY OR CREMATORY 241	CCATION ICity, town,	or county) (State)
DATE RECEIVE	R1952 H 4	SIGNATU	Alliams Alla	25 FUNERAL DIRECTOR	nd land	APORESS
VS 150	1 June 100	0		The state of the s	7	- MANA



	1/3	
7 B	BALTIMORE CITY HEALT CERTIFICATE C	
('	1. NAME OF DECEASED WALTER DENN	VARD 2. DATE OF DEATH 3/19/52
A		USUAL RESIDENCE (Where deceased lived of institution; residence B. COUNTY before admission)
H	HOCELTAL OF	BALTIORE TOWN (If outside corporate limits wite RURAL and give township)
C	c. Length of stay in Baltimore 59 (Yrs) D. S. Days	GIRET ADDRESS (If rural, give location)
5	6. COLOR OR RACE 7. SINGLE, MARRIED. (Specify)	ONE 7, 185 - 9. AGE (In years of Under 1 Year of Under 1 Years of Under 1 Year of Under 1 Year of Under 1 Year of Under 1 Years of Under 1 Year of Under 1 Yea
WOI	work danaduring most of working life, eyea if retired) METALINDUSTRY	BIRTHPLAGE (State or foreign country) 12. CITIZEN OF WHAT GOUNTRY?
	DANIEL DENNARD	MOTHER'S MAIDEN NAME RIGGS
(Y	15. JAS DECEASED EVER IN O. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Stella Johnson
	18. /62X CAUSE OF I	DEATH ONSET AND DEATH
	This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	ASTATIC LA 12403.
z	ANTECEDENT CAUSES	Rt. LUNG 36405.
CATION	RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.	
CERTIFI	TRIBUTING TO THE DEATH, BUT NOT RELATED	VONE

TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

20. AUTOPSY No B

21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F, HOW DID INJURY OCCUR?

INJURY

WHILE AT NOT WHILE AT WORK WORK

22. I hereby certify that I attended the deceased from deceased alive on. and that death occurred at.

that I last saw the from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

M. D. 24A. BURIAL, CREMA-TION, RECOVAL (Specify) OF COMETERY 24B. DATE 24c. NAM

LOCATION (City, town, or county)

REGISTRAR'S SIGNATURE

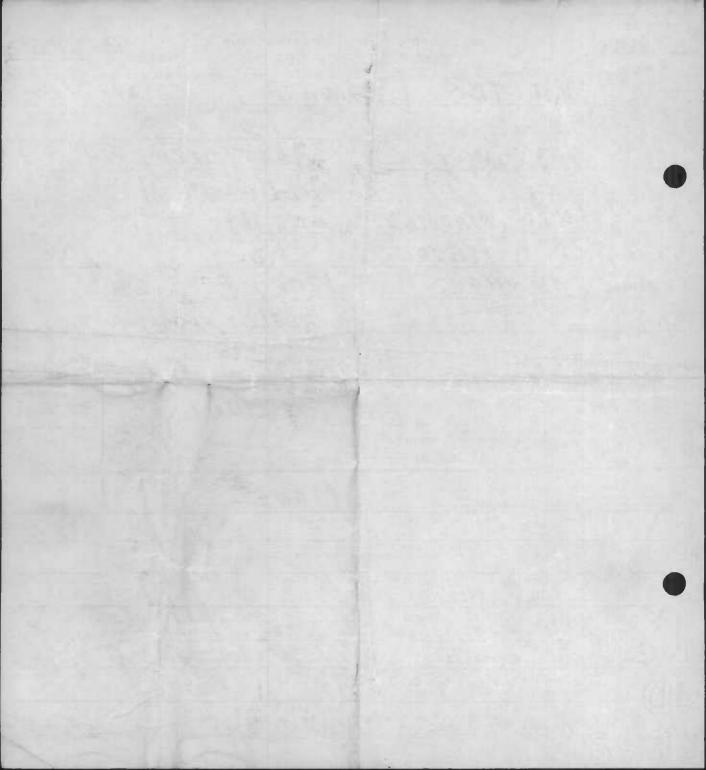
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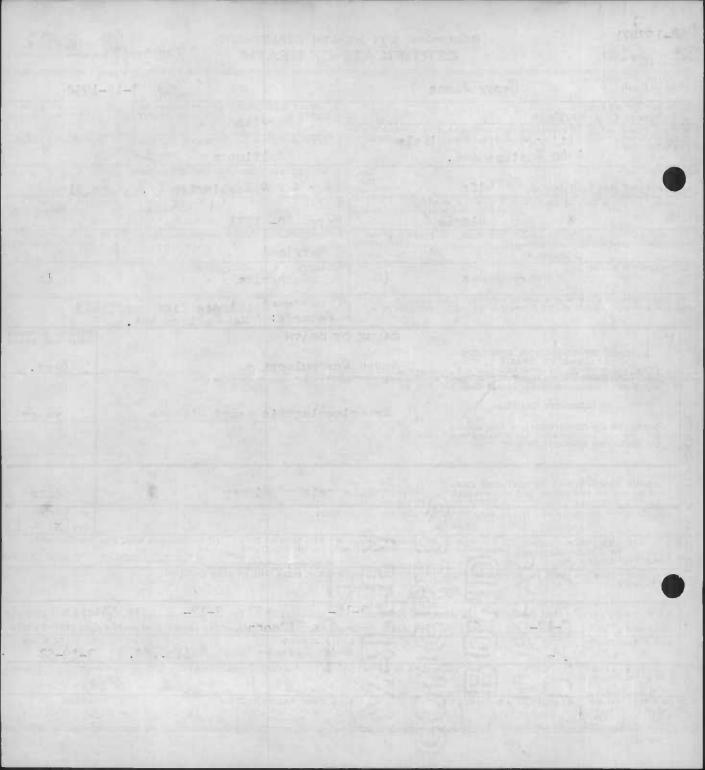


548-157471 52 2796

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 2796

BIKIH NO.						
1. NAME OF D (Type or Print)	DECEASED	lenry J	ames		2. DATE OF DEATH 3.	-17-1952
	City, Maryland			4. USUAL RESIDENCE (V		
B. FULL NAME HOSPITAL OR	Baltimore	C 1 + H	ion, give street address or location)	c. CITY OR TOWN (I	f autoida aaunayht lii	makes affected to the second
INSTITUTION	4040 East					township)
	4140 -851	ern ave		D. STREET ADDRESS (If		
		T. s.e.	Yrs. Mos.			
c. sength of s	stay in Baltimore	Life	Days	Rear 522 S. Wash		zone 31
M	6.COLOR OR RACE	WIDOW Sing	E. MARRIED, /ED, DIVORCED (Specify): 516	March 20- 1872	9. AGE (In years last birthday)	Months Days Hours Min.
10A. USUAL OC ork done during most	CCUPATION (Give kind of of working life, even if retired)	108. KINE	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S	NAME	James	(D	14. MOTHER'S MAIDEN N	AME	(D
15. WAS DECEAS Yee, no or unknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANBaltime Records: 1940 I	ore ity Hos	PICATES
18.420	. 1		CAUSE	OF DEATH		INTERVAL BETWEEN
	SE OR CONDITION	DIRECTLY				ONSET AND DEATH
	LEADING TO DEA's not mean the mode of	TH	Acute	Cor pulmorale		6hrs.
heart failu	ure, asthenia, etc. It mes	ns the diseas	e,			UIII 6 s
injury or	complication which	aused death	.) DUE TO			
	ANTECEDENT CAUS	SES	Arter	iosclerotic Heart	Demana	-
DISEASE	S OR CONDITIONS, I	F ANY. GIVIN		Toscierovic mear	, Pisease	years
RISE TO T	THE ABOVE CAUSE (A) YING CONDITION LA	STATING TH				
S ONDERE	TING CONDITION LA	.51,	(C)		**********************************	
	11					
	SIGNIFICANT CONDI		- 37			
	G TO THE DEATH, BUT DISEASE OR CONDITION		D Mephrosci	erosis of Kidney		years
			FINDINGS OF OPER	ATION		20. AUTOPSY7
Ž	7					YES NO
	DENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		If in Baltimore City	y, give exact location)
	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID INJUR	Y OCCUR?	
INJURY			WHILE AT NOT WHILE			
		111.	WORK AT WORK	16	10	10.
22. I hereb	by certify that I att	ended the	deceased from 3-1	, 19 52, to 3		52that I last saw the
23A. SIGNA	live on 3-17-	_, 19	and that death occur	red at LCROES rom t	the eauses and or	the date stated above.
ZSA, SIGNA	TORE OF	Done		4940 Eastern Ave.	Balto Ma	
24A. BURIAL.	CREMA- 24B, DATE	(1)		RY OR CREMATORY 24D. L		
TION, REMOVAL (S		1-52	mrt. Co	armel 1	3 alto -	md.
DATE RECEIVE		S SIGNAT	RE	25 FUNERAL DIRECTOR	1	ADDRESS
MAR 21	1952 Huntin	story	Villians No. 2	Tifly + Jeol	cha-41	03 D. Wolfe
VS 150		0	,m 4 .	-/-		e du

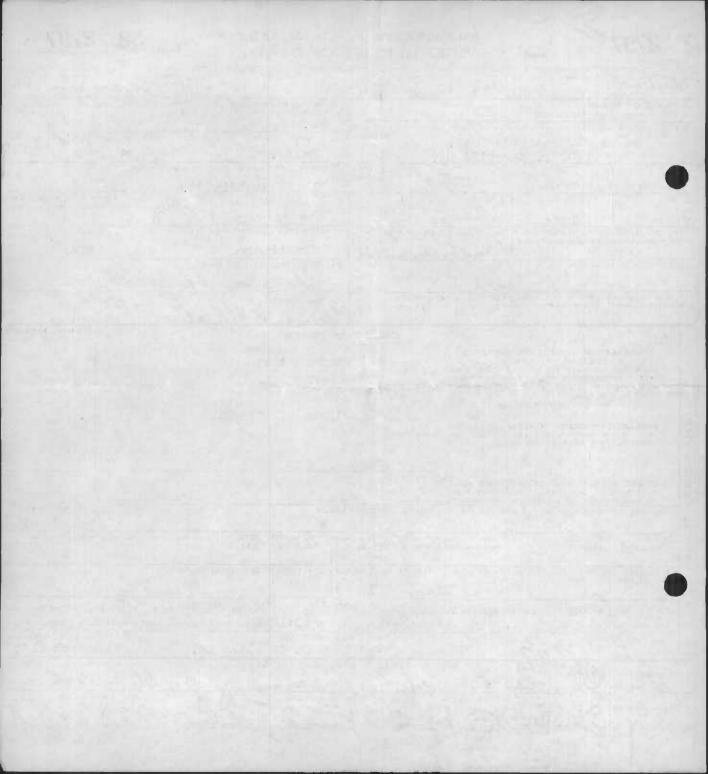


2 2/97

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 2797

BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) DEATH Freh 21 10 F2 Henry Christopher Schrieber 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission) A. Baltimore City, Maryland A. STATE (If not in hospital or institution, give street address or Md. B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RUBAL and give St. Joseph's Hosp. INSTITUTION Palto. 1400 M. Caroline St D. STREET ADDRESS (If rural, give location) Yrs. Mos. My L N. Bouldin St. ength of stay in Baltimore Days 9. AGE (In years It Under 1 Yest Hunder 24 Hours last birthday) Months Days Hours Min. 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH 5. SEX 8-31-0 Male Married 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 108 KIND OF BUSINESS OR work dooe during most of working life, even if retired) INDUSTR: WHAT COUNTRY? Baltamore USA Guard 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
Yes, no or ooknown) (If yes give war or dates of service) 16. SOCIAL 17. INFORMAN ADDRESS (Yes, no or ooknown) SECURITY NO. 10 an INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Carcinomatosis (This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES Carcinoma of Stomach ERTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY7 218. PLACE OF INJURY (e.g., in or | 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, ۵ INJURY OCCUR? HOMICIDE ebout home, farm, factory, street, office bldg., etc.) ũ 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE WHILE AT WORK 22. I hereby certify that I attended the deceased from Merch 14, 152 to March 21, 1952, that I last saw the deceased alive on 12 rch 21, 1952, and that death occurred at 12:10 malfrom the eauses and on the date stated above. 23c. DATE SIGNED 23B. ADDRESS 23A. SIGNATURE March 21 152 1400 M. Caroline St. 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) 24A. BURYAL, CREMA-TION, REMOVAL (Specify) 248/DATE ADDRESS DIRECTOR DATE RECEIVED BY LOCAL REGISTRAR

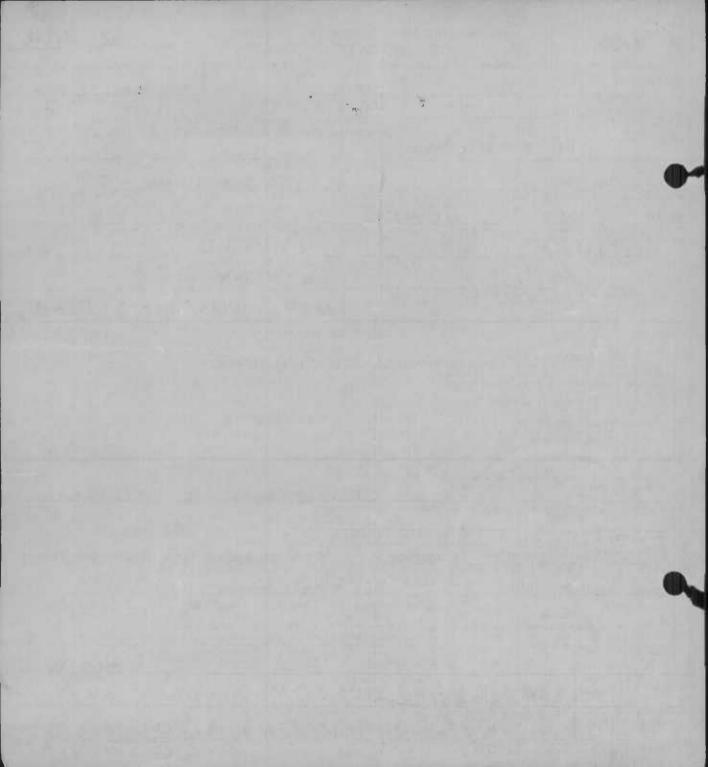


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100	2 2798
I	BIRTH NO.
	1. NAME OF DECEM (Type or Print)

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 2798

BIRTH NO.	E OF DEATH Registered No.
1. NAME OF DECEASED	I 2. DATE
(Type or Print) JOHN PAPU	OF
3. PLACE OF DEATH:	GA DEATH March 20, 1952 4. USUAL RESIDENCE (Where deceased rived, if institution: residence
A. Baltimore City, Maryland	A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location	
Baltimore City Morgue	C. CITY OR TOWN (If outside corporate limits, write RUCAL and give township)
	Baltimore
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
Length of stay in Baltimore Days	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (1: years If Under 1 Year If Under 24 Hours last birthday) Months Days Hours Min.
male white willowED	71
10A. USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS OR work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
work done during most of working life, even if retired) INDUSTRY	PALAND WHAT COUNTRY!
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
PADNEA	UNKNOWN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	MARY GOODMAN 1001 S BELNOROWE
I SE GO A CALLEE	INTERVAL RETURNS
	OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1 C 3 3 3
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	ing-found drowned
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
(B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED	donal amotic condition and and discord
TO THE DISEASE OR CONDITION CAUSING IT.	iosclerotic cardiovascular disease
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	YES X NO
214 EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g.,	
21A. EXTERNAL CAUSE WAS UNDERLYING & OR CONTRIB. about home, farm, factory, street, office bldg.	
UTING CAUSE OF DEATH. harbor	Found in harbor-foot of Chester Street
21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURS	
- I WHITE ALL I NOT MULTE	X Found drowned
22. I certify that I took charge of the remains described	above, held anautopsy thereon and from
	Autopsy, Inspection or Inquiry
and death in my opinion resulted from natural cause	Inquiry, find that said deceased died on the day stated above, as □, accident □, suicide □, homicide □, undetermined ▼.
23A. SIGNATURE	238. CHIEF MEDICAL EXAMINER 23C. DATE SIGNED
	ASSISTANT MEDICAL EXAMINER TO NAME OF THE
24A. BURIAL. CREMA- 24B. DATE 124C. NAME OF CEMETE	
TION, REMOVAL (Specify) MAR 29/52 ST ANISKAU	~ 44
7	N
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
MAR 21 1951 Tuntington Williams, M.	STEPHIEN YEARKOWSKIIN CW
VS 151 N 99A	1000SKENWOOD AVE



death clearly and legibly.

of

esteeming important. Physicians: please write the causes

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH HAD

Registered No. 2799.

OEKTI TOAT	L OI DEATH HAZAI			
1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:			
(a) Baltimore City, Maryland	(a) State Mary land (b) County Anne Arundel			
(b) Street address #613 Tunbridge Road				
Hospital or institution:	(c) City or town Severn (If outside city or town limits, write RURAL and give town)			
Length of stay in hospital or inst. (yrs., mos., or days).3wks.e.	(d) Street No9. W. Camp Meade Read (If rural give location) (e) Citizen of foreign country? U.S.A. (Yes or No) If yes, name country.			
3 (a) FULL NAME ANNIE CARDELIA	ALLEN			
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION			
none No. None	20. DATE OF DEATH March 20			
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above stated; that I attend-			
Female White divorced. Married	ed deceased from			
(b) Name of husband or wife Henry E. Allen	and that I last saw h alive on			
6 (c) If alive, give age 78 years	Immediate cause of death Duration			
7. Birth date of deceased (mo., day, yr.) Sept. 19, 1877	Cerebral Homorehage 20 day			
B. AGE: Years Months Days If less than one day				
74hr. min.	Due to Arterio selenatio Cuadina			
D. Birthplace Severn, Maryland	Vascular Diseque 5 for			
(Town, county, and state)	Due to			
0. Usual Occupation Housewife				
11. Industry or business Own Home	Other Conditions			
12. Name Charles R. Griffith	(Include pregnancy within 3 months of death) PHYSICIAN			
13. Birthplace	Date of operation Underline the			
14. Maiden Name Alverta Pumphrey	Major findings of operation: cause to which death should be			
E 15 Birthplace	charged statis-			
	of autopsy: tically.			
(b) Address Savara Marriand	22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide			
OS VOLIII, MALY LAIRL	(b) Date of occurrence			
a)Burial (b) Date thereof March 22	Where did injury occur?			
(c) Cemetery or crematory	(City or town) (County) (State) (d) Did injury occur about home, on farm, industrial place, in public			
Location Glen Burnie	place? While at work? (Specify type f place)			
8 (a) Funeral director R.V. Singleton	(Specify type of place) (e) Means of injury			
(b) Address Glen Burnie, Maryland	23. Signature			
9 (a) MAR 21 1052(b) 1 1 1/11.	MyD.			

INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words due to and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

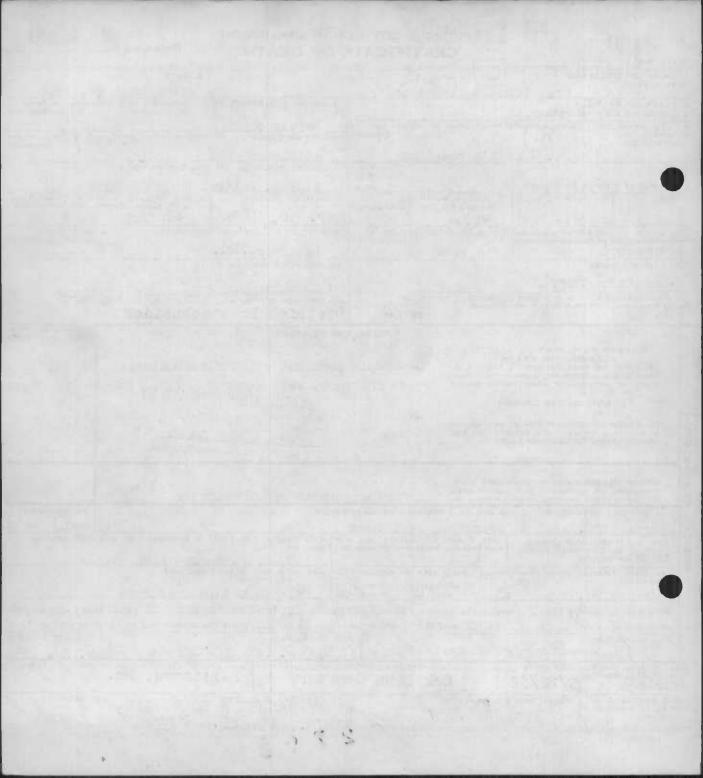
DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

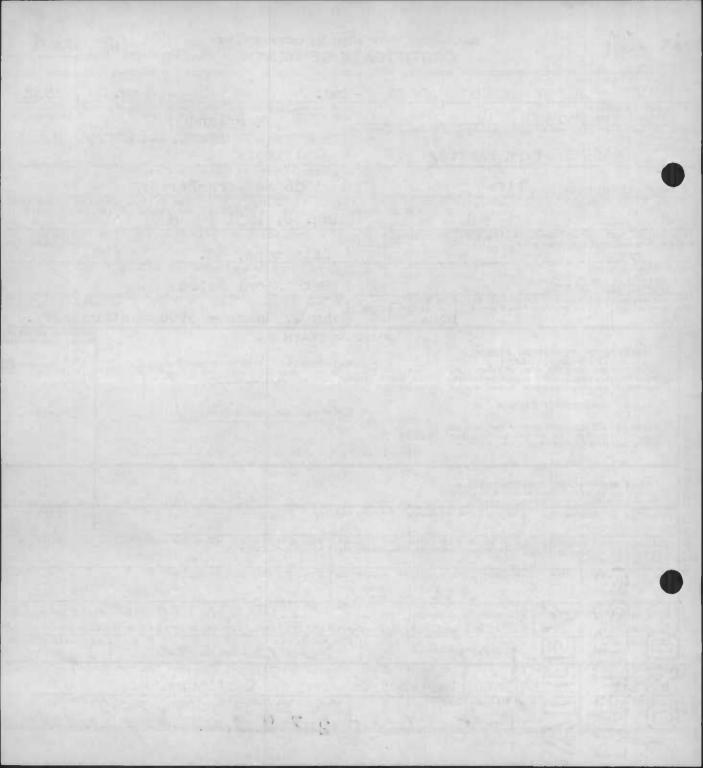
If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see PHYSI-CIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION issued by the U.S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

6	32	PROVED BY TE	ICALE	MAMINER			50 5	15.00
2	2880)	BAL	TIMORE CITY HE	ALTH DEPARTMENT	NT Register	52 2	300
ВІ	RTH NO.			CERTIFICATI	E OF DEATH	Register	Cu 110	
	NAME OF D			15.3	Marie La	2. DATE OF	1 00	.000
3.	PLACE OF D		hneider	, Mollie	4. USUAL RESIDENCE		rch 20,	
A.	Baltimore (City, Maryland	al au imatitus		A. STATE	B. COUNT	Y bef	ore admission)
HO	SPITAL OR STITUTION	OF (II not in nospic	si or institut	ion, give street address or location)	c. CITY OR TOWN	(If outside corporate	imits Write II	
	STITOTION	St. Jos	eph's H	ospital	Baltimore	#13	1	township)
c.	Dagth of s	tav in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS	(If rural, give location terson Park		
5.	SEX	6. COLOR OR RACE		MARRIED, PED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In year		If Under 24 Hours Hours: Min.
F	'emale	White	Wido		Mar. 30, 187		Months Day	
10	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KINE	OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12. CITIZ	ZEN OF T COUNTRY?
1	nousewo	rk	Own h	ome	Baltimore, N		USA	
	FATHER'S				14. MOTHER'S MAIDE.	N NAME		
		an Tuerk	FORCES	l 16. SOCIAL	?	Money Asso	W1100	6
(Ye	NO	(If yes, give war or date	of nervice)	SECURITY NO.	Dietrich Bre			
ERTIFICATION	heart failuinjury or DISEASE	LEADING TO DEA's not mean the mode of the asthenia, etc. It means the mode of the asthenia, etc. It means the mode of the asthenia, etc. It means the asthenia of the asthenia	of dying, e. g ns the diseas aused death GES F ANY, GIVIN STATING TH	(B)	Ill-diament			
CERTI	TRIBUTING	FIGNIFICANT CONDI S TO THE OEATH, BUT DISEASE OR CONDITION	NOT RELATE	0 0	Lerotic cardio	ascular_		
-	19A. DATE	OF OPERATION / 1	,	FINDINGS OF OPER				AUTOPSY?
MEDICAL	LYING OF CAUSE OF CAU	DENT WAS UNDER. R CONTRIBUTING DEATH (Month) (Day) (Year) Midn. y 21, 1952 12 Day certify that I att Live on March 20 TURE	about bome, (Hour) ight condel the 19 52.	while AT NOT WHILE AT WORK deceased from Febrard that death occur	ED 21F. HOW DID IN. Felly in barried at 12:05am., from the control of the contro	throom at ho March 20 , om the causes and Line Street	Me 1952, that I on the date s	last saw the stated above ATE SIGNED 20. 1952
TI	on REMOVAL (Sourial	CREMA- 248. DATE Specify, 3/22/52	1	Oak Lawn Co	emetery E	Baltimore,	Md.	(State)
D.	MAR 21	ED BY REGISTRAN	1 1	illaus, My	rén ky sander salto., 13,	& sons, IN	To ADDRES	Pudu/
		V820.0			0	1		



2	52						
30	280	1,			E OF DEATH	Registered N	2301
В	IRTH NO. 5	1-18137	OL:	CI II IOAI	E OI DEATH		
	NAME OF D Type or Print)		NORRIS A	DAMS -	2nd.	OF Mar.	20, 1952
Α.		City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If	
H	OSPITAL OR	OF (If not in hospi		e street address o location	r		- 1 60 sh
11	STITUTION 5	906 Easter	n Parkway	100001012	Baltimore (1	outside corporate finalis	township)
C.	Length of s	tay in BaltimoreL	ife	Yrs. Mos. Days	SAID PERTE		
	SEX M	6. COLOR OR RACE	7. SINGLE, MAR	RIED. VORCED (Specify	8. DATE OF BIRTH Aug. 8, 1951		Under 1 Year If Under 24 Hours nths Days Hours Min.
1C worl	k done during most	CUPATION (Give kind of of working life, even if retired)	108, KIND OF B	USINESS OR INDUSTR		foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	non		<u> </u>		Baltimore, M	LAME	USA
		. Adams			Ruth Naomi L		/
(Ye	s, no or unknown)	ED EVER IN U. S. ARME (If yes, give war or date	s of service)	SOCIAL SECURITY NO.	17. INFORMANT	- 5906 East	DDRESS
20	no		non			- J700 mas 0	INTERVAL BETWEEN
	18. 49	2 X 1		CAUSE	OF DEATH		ONSET AND DEATH
		SE OR CONDITION LEADING TO DEA	TH	Ca	repeal hem	askess.	102
	heart failu	not mean the mode ore, asthenia, etc. It mes	ns the disease.	(A)			
	injury or	complication which	caused death.)	UE TO			
		ANTECEDENT CAU	BES	N	un white		2. who
Z	DISEASES	OR CONDITIONS,	F ANY, GIVING	(B)			
E		HE ABOVE CAUSE (A)		UE TO			
IC/				(C)		***************************************	
ERTIFICATION		11					
K		IGNIFICANT COND			-		
Ü		ISEASE OR CONDITION	The second secon				(00 111-0-011
7	19A. DATE C	OF OPERATION	9B. MAJOR FIND	INGS OF OPE	RATION		20. AUTOPSY?
IC/	214 ACCID	ENT WAS UNDER-	21B. PLACE OF	FINJURY (o. g.,	in or 21c. WHERE DID	If in Baltimore City, g	
MEDICAL		R CONTRIBUTING []	about home, farm, fact	ory, street, office bldg.	.etc.) INJURY OCCUR?	-	
F	D. TIME	(Month) (Day) (Year		NJURY OCCUR		Y OCCUR?	
		-	m. WHILE A	NOT WHILE		~	
	22. I hereb	u certifu that I at	tended the decea	sed from	8-8, 1951, to	3 - 20 ,195	that I last saw the
		live on 3 - 18	, 19 52 and th	hat death occu	erred at 10:40 Am., from	the eauses and on th	ne date stated above.
	23A. SIGNA		more		23B. ADDRESS	· hd	23c. DATE SIGNED
	6	Mischer		M. D.	3115/200	11/4/	3-21-52
TI	on REMOVAL (S	Specify)		AME OF CEMET		imore, Md.	or county) (State)
	ATE RECEIVE	D BY REGISTRAR	S SIGNATURE,		HENRY SANDER		ADDRESS
L	OCAL REGIST	KAR Tun	to to W	110-	TIENTI DANDER O	- Vanne	1. Mullal



1 2 0	
460	52 2802
52 2802 BALTIMORE CITY HEALTH DEPARTMENT Registered	
CERTIFICATE OF DEATH Registered	110
1. NAME OF DECEASED	0
(Type or Print) VERNON WILLIS OF BEATH 3.	-20-52
3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY 4. USUAL RESIDENCE (Where deceased lived, I. A. STATE B. COUNTY	f institution : residence before admissiou)
B. FULL NAME OF (If not in hospital or institution, give atreet address or location) of the string o	4-0
C. CITT OR TOWN (II odeside corporate min	its, write RURAL and give
JOHNS HOPKINS HOSPITAL BALTIMORE	V
Yrs. O. STREET ADDRESS (If rural, give location)	T. N.
c. Length of stay in Baltimore 21 yrs. Days 1001 N. COLLING	ION
	If Under 1 Year If Under 24 Hours In Under 24 Hours Min.
male White married 1-3-99 53	
10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY	12. CITIZEN OF WHAT COUNTRY?
Mechanic Ship Bldg. OHIO	USA
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
Edgar Willis Susan Sterling	Life
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	ADDRESS
no 212-03-9563 JOHNS HOPKINS HOSPITAL	
18. 2014 , CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	1
(This does not mean the mode of dying, e.g., (A) TOCG RINS LOGING	2 /42
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES BONE MANOUT	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE QUICOMINAL HOCKS	
UNDERLYING CONDITION LAST.	

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION

20 AUTOPSYT

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office hldg., etc.) 21A. ACCIDENT WAS UNDER-

21E. INJURY OCCURRED

21c, WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

O. TIME (Month) (Day) (Year) (Hour) INJURY

21F, HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-

LYING OR CONTRIBUTING

CAUSE OF DEATH

234 STONATURE

WHILE AT NOT WHILE WORK AT WORK

1952; that I last saw the deceased alive on 3 - 2 b 1952 and that death occurred at 405 Am., from the eauses and on the date stated above. 238. ADDRESS

	11	Va	0	11	1/2	>
	RIAL,	CRE	MA-	24	8. 0	ATE

JOHNS HOPKINS HOSPITAL

23C DATE SIGNED

N. REMOVAL (

24C. NAME OF CEMETERY OR CREMATORY

240. LOCATION (City, town, or gove

DATE RECEIVED BY LOCAL REGISTRAR

CERTI

EDICAL

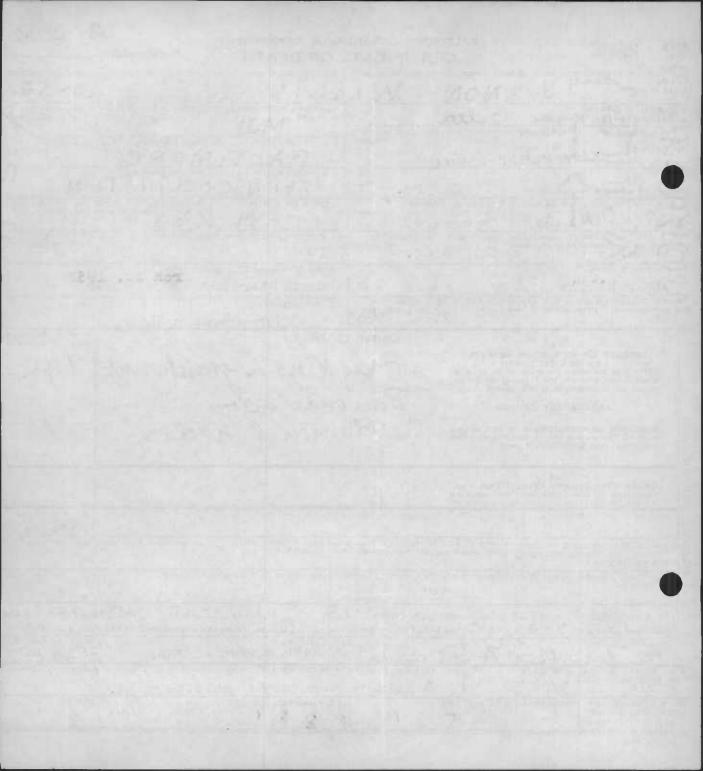
24

REGISTRAR'S SIGNATURE

Baltimore Cemetery

Ba/ltimore ADDRESS

VS 150

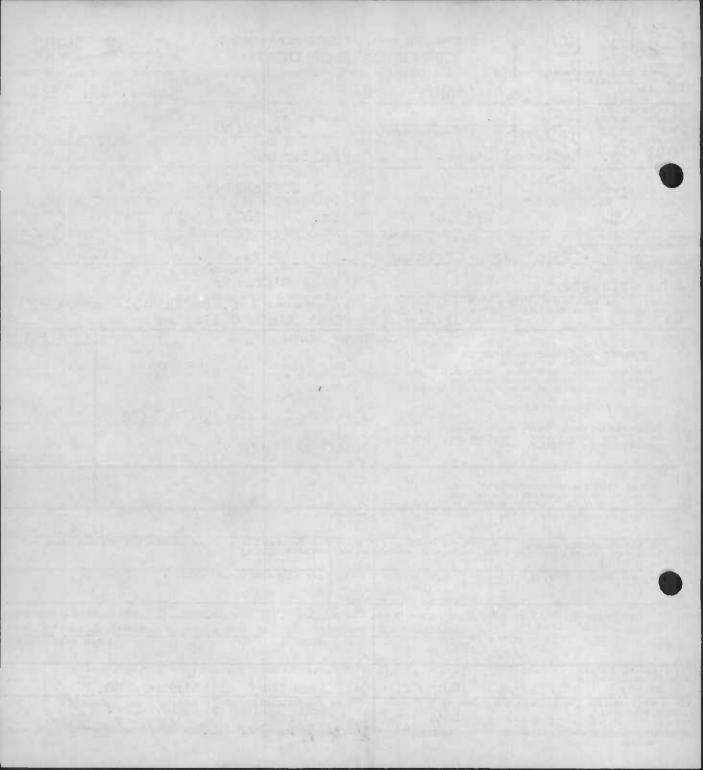


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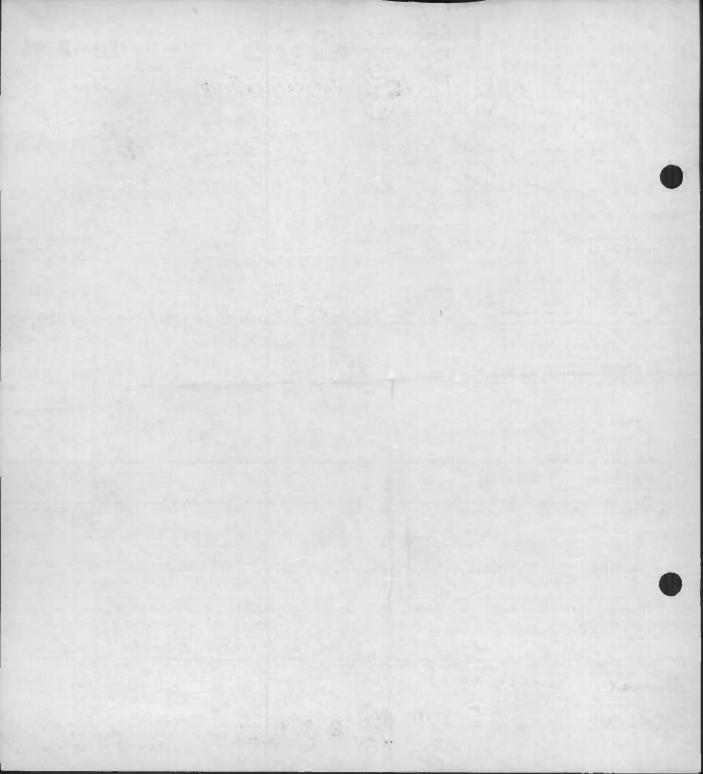
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 2803

1. NAME OF DECEASED (Type or Print) AGNES GALLAGHER	of Mar. 19, 1952
	. USUAL RESIDENCE (Where deceased lived, if institution: residence STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	Maryland
INSTITUTION	CITY OR TOWN (If outside corpor of links, write) tulk and give township)
	altimore
Mos.	STREET ADDRESS (If rural, give location) 1 N. Smallwood Street
c. Length of stay in Baltimore Life Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8.	DATE OF BIRTH 9. AGE (In years) Under 1 Year If Under 24 Hours
	v. 14, 1875 last birthday) Months Days Hours Min.
work done during most of working life, even if retired) INDUSTRY	BIRTHPLACE (State or foreign country) 12. CITIZEN OFWHAT COUNTRY?
Button Hole Finisher Clothing Mfg.	
	MOTHER'S MAIDEN NAME
	nne O'Connor
(1 co, to or during the little was or dates of service) SECORITY NO. 1	INFORMANT I N. SMallwood a Source t -23
No 215-01-8811 Mi	iss Annie Gallagher
18. 4 20.1 1 CAUSE OF	DEATH INTERVAL BETWEEN ONSET AND DEATH
	onary Thrombosis Iday.
heart failure, asthenia, etc. It means the diseasc,	energy - no vill oco raag.
injury or complication which caused dcath.) DUE TO	U
ANTECEDENT CAUSES	onie Myocardilis 3 415
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	rio Scheroses 5 415
U UNDERLYING CONDITION LAST. (C)	//
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED	
TO THE DISEASE OR CONDITION CAUSING IT.	ON 20. AUTOPSY?
A	YES NO
21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., etc.) CAUSE OF DEATH	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE	
22. I hereby certify that I attended the deceased from Trel	5 19, 1952, to Mch 19, 1952; that I last saw the
deceased alive on Mch 19, 1952, and that death occurred	d at 7 A m., from the causes and on the date stated above.
Ce-Gill Hall MD M.D.	ADDRESS 1631 E North ave Mch 20-1952
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OF TION, REMOVAL (Specify)	OR CREMATORY 24D. LOCATION (City, town, or county) (State)
burial 3/22/52 New Cathedral	Cemetery Baltimore, Md.
DATE RECEIVED BY REGISTRAR'S SIGNATURE HE	ENRY SANDER & SONS, ING ADDRESS
MAR 21 1952 ++++ + MII: WO 160 B	ALTO 13 MD Denne J. Standy
VS 150	01



	60	
0	CODA	EALTH DEPARTMENT
	IRTH NÖ.	E OF DEATH Registered No.
	Trebariska BAKER	FREIDARICKA BAKER DEATH 3.20.52
	Baltimore City, Maryland Saltimore	4. USUAL RESIDENCE (Whyre deceased lived. If institution: residence A. STATE B. COUNTY before admission)
H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location	
	Istitution Maryland General Hospital	Baltimine 23 - O township)
	ongth of stay in Baltimore Life - Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Dader 24 Hours
7	DA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	Dec 17, 1886 65
worl	a done during most of working life, even if retired) Howelevile A property of the property o	
13	B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15	Slorge a. Stamp. 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Louise Holger
(Ye	(If yes, give war or dates of service)	17. INFORMANT P-B) Charles H. Baker (Henland) Lan
	18. 260 X 1 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	te evenary occlusion
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	7
	ANTECEDENT CAUSES	beter mellitas
O.	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO	7,1000(1,1)
CAT	UNDERLYING CONDITION LAST. (C)	nonary infarction
TIFI	11	
CER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
7	19a. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	
DICA	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (6. g., 17) 21B. PLACE OF INJURY (6. g., 17) 21B. PLACE OF INJURY (7.	
ME	CAUSE OF DEATH	
	21b. TIME (Month) (Day) (Year) (Hour) 21b. INJURY OCCURR	
	22. I hereby certify that I attended the deceased from	3. 3. , 1952 to 3.20 , 1952 that I last saw the
	deceased alive on 3, 20, 1962, and that death occu	rred at 2° 4575m., from the eauses and on the date stated above.
	23A. SIGNATURE	lary and general Hospital 23c. DATE SIGNED 3.20.52
2.4 TI	AA. BURIAL, CREYA- ON, REMOVAL (Specify) Though 24, 1952 Though 24, 1952	ERY OF EREMATORY 24D. LOCATION (City, town, or county) (State)
	ATÉ RÉCEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR ATÉ RÉCEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR ATÉ RÉCEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR ATÉ RÉCEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR'S SIGNATURE SI	25. FUNERAL DIRECTOR ADDRESS
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	1700	3. Charles St. Balto 30 Mg.



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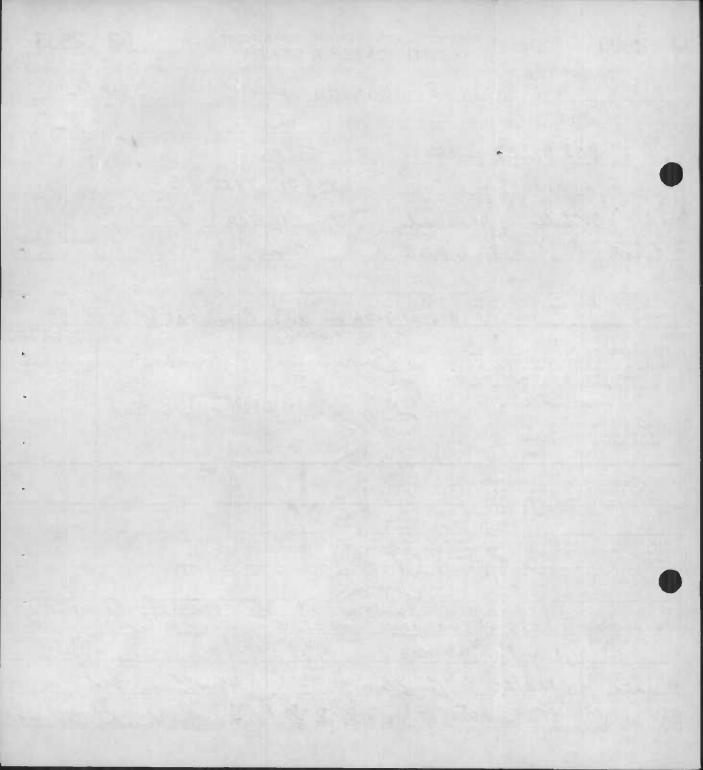
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

egistered No. 2805

	RTH NO.		C	ERTIFICATI	E OF DEATH	H	legistered I	Vo.
(T	NAME OF DE	FRAN	IKLIN	E. JOHN	SON	2. DA	TH 3/	19/52
Α.		ity, Maryland			4. USUAL RESIDE		eased lived, If COUNTY	institution: residence before admission)
H	FULL NAME (OSPITAL OR STITUTION	838 W. S		n, give street address or location)	C. CITY OR TOWN	,		write RURA), and give township)
C.	Length of st	tay in Baltimore		Yrs. Mos. Days	838 W. 3	iss (If rural, given and state of the state		
5.	SEX Na le	6. COLOR OR RACE	7. SINGLE, WIDOWE	MARRIED, D. DIVORCED (Specify)	8. DATE OF BIRTH			onths Days Hours Min.
10 worl	A. USUAL OCC.	CUPATION (Give kind of working life, even if retired)	Sears	Roeluch.	11. BETHPLACE (S		intry)	12. CITIZEN OF WHAT COUNTRY?
13	. FATHER'S N	IAME			14. MOTHER'S MA	IDEN NAME		
15 (Ye	. WAS DECEASE , no or unknown)	D EVER IN U.S. ARMEE (If yes, give war or date)	FORCES?	16. SOCIAL SECURITY NO.	mary E. La	luson 88	8 W. 3	others.
CATION	heart failurinjury or DISEASES RISE TO THE	LEADING TO DEAT not mean the mode or e, asthenia, etc. It mea complication which e ANTECEDENT CAUSES OR CONDITIONS, IN HE ABOVE CAUSE (A) TING CONDITION LA	f dying, e.g., ns the disease, aused death.) ES ANY, GIVING STATING THE	(A)	many A	Throm Vt. O	rien	8
CERTIFI	TRIBUTING	II IGNIFICANT CONDI TO THE OEATH, BUT SEASE DR CONDITION	NOT RELATED					
AL	19a. DATE O	F OPERATION 1	98. MAJOR F	FINDINGS OF OPER	ATION			20. AUTOPSY?
IEDICA		ENT WAS UNDER- R CONTRIBUTING DEATH		E OF INJURY (e. g., i m,factory,street,office bldg.,			timore City,	give exact location)
Z	O, TIME (Month) (Day) (Year)	WH	E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCU	R?	
		y certify that I att	ended the d	eceased from	red at 2 30 p. m.	to Man., from the eaus	es and on t	Ithat I last saw the he date stated above
	23A. SIGNAT	Edward	L. Har	may M. O.	38. ADDRESS 4 03 1 8 4	els Rels		3/10/52
TIC	Burial Con, REMOVAL (S	REMA- 248. DATE pecify) 3/22/	52	Woodlawn	RY OR CREMATORY	Woodle	N (City, town	n, or county) / (State)
D	TE RECEIVED CAL REGIST		SSIGNATUR	Vettinais Not	25. FUNERAL DIR	execution .	3615-17	Chesturb Inc.

VS 150

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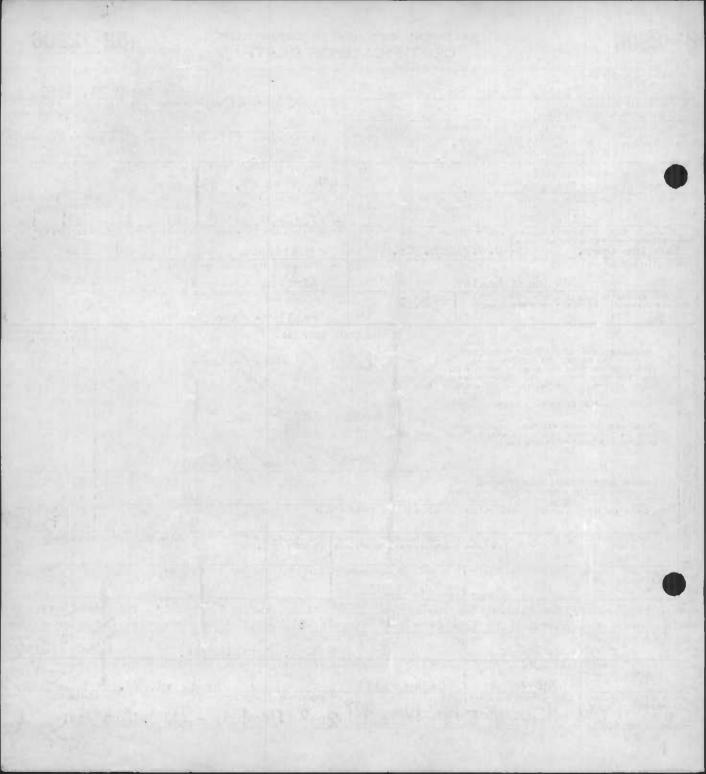


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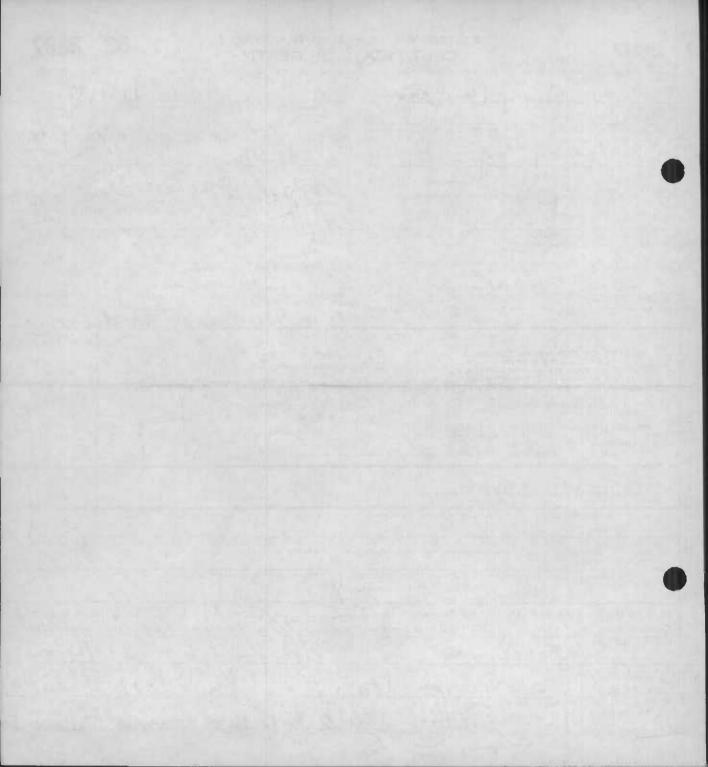
BALTIMORE CITY HEALTH DEPARTMENT

3	2806		BAI		EALTH DEPARTMENT	Registered	2 2	806
В	RTH NO.			CERTIFICATI	E OF DEATH	Registered	No	
1. NAME OF DECEASED (Type or Print) Lilly Bestpitch					2. DATE OF DEATH March 21, 1952			
3. PLACE OF DEATH: A. Baltimore City, Maryland					4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)			
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)					C. CITY OR TOWN (If outside corporate limits, write RURAL and give			
INSTITUTION 5 . repn's nosp.					township			
1400 N. Caroline St.					Palto. o. STREET ADDRESS (If rural, give location)			
Mos.					\$04 Cross St. #30 E.			
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,					8. DATE OF BIRTH 9. AGE (In years) Il Under I Year M Under 24 Hours			
WIDOWED, DIVO			VED, DIVORCED (Specify)	last birthday) Months Days Hours Min.				
Female White Widow 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS				11. BIRTHPLACE (State or	foreign country)	12. CITIZ	EN OF	
work done dering most of working life, even if retired)				WHAT COUNTRY?				
Machine Oper. U.S. Lith. Co.					Baltimore USA 14. MOTHER'S MAIDEN NAME			
Leonard Kohler 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL					Alvinia	?		
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS					
	No	,			Family - Same			
	18. 434.1 CAUSE OF				OF DEATH			VAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH				0 0 . 11.			
	(This does not mean the mode of dying, e.g., (A)							
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO							
NO	ANTECEDENT CAUSES							
	DISEASES OR CONDITIONS, IF ANY, GIVING							
ERTIFICATION	RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.							
OA					1.11.11.11			
E	(c) Congra				it we Heart fair	und		
R	OTHER SIGNIFICANT CONDITIONS CON-							
CE	TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
١	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER			ATION		20.	AUTOPSY?	
V			1		104		YES	L NA L
EDICAL	HOMICIDE	NT, SUICIDE, (Specify)		ACE OF INJURY (e. g., in farm,factory,street,office bldg.,e	or 21c. WHERE DID (tc.) INJURY OCCUR?	(If in Baltimore City,	give exact	location)
ME								
7	10. TIME (Month) (Day) (Year)		21E. INJURY OCCURRI		Y OCCUR?		
h	m. WHILE AT NOT WHILE AT WORK							
7	22. I hereby certify that I attended the deceased from March 6, , 1952, to March 21, , 1957, that I last saw th							
н	deceased alive on March 21,19 52. and that death occurred at 1215 Am., from the causes and on the dat							tated above.
	23A. SIGNAT	ER and	. 1	2	3B. ADDRESS			TE SIGNED
	- BUSIN	· Coll	uy so	м. о.	1400 N. Carolin		March	61,1952
	N. REMOVAL (S		(/	24C. NAME OF CEMETE	RY OR CREMATORY 240. I	LOCATION (City, town	i, or county)	(State)
B 3/25/52 Cedar Hill Brooklyn, Md.								
LC	CAL REGIST	BY REGISTRAR	SIGNATI	Villiams, No.	25. FUNERAL DIRECTOR	r = 130 E. Fe	ADDRES	
=	VS 150	1000	1		OLINOUS TO MODITITY	- 200 -	20 2280	
	49 190			/	aril M			

6904M



Registered No. CERTIFICATE OF DEATH 12-07683 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, if institution : residence B. COUNTY A. Baltimore City, Maryland A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION D. STREET ADDRESS (A) rural, give location) Yrs. Mos c. Length of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH AGE (In year If Under I Year li linder 24 Hours last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME CEASED EVER IN U. S. ARMED FORCES? 15. WAS DECEASE 16. SOCIAL INFORMAN ADDRESS (If yee, give war or dates of service) SECURITY NO. INTERVAL BETWEEN 18. DEATH CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.) DUE TO Rens RO R. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) П RT OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from 3 2 , 19 that I last saw the Am., from the causes and on the date stated above. deceased alive on 3 (2) 1936 and that death occurred at 6 23A. SIGNATURE 23B. ADDRESS 230. DATE SIGNED 24C, NAME OF CEMETERY OR CREMATORY TION REMOVAL (Specify) LOCATION (City, town, or county) 24B DATE DATE RECEIVED BY VS 150

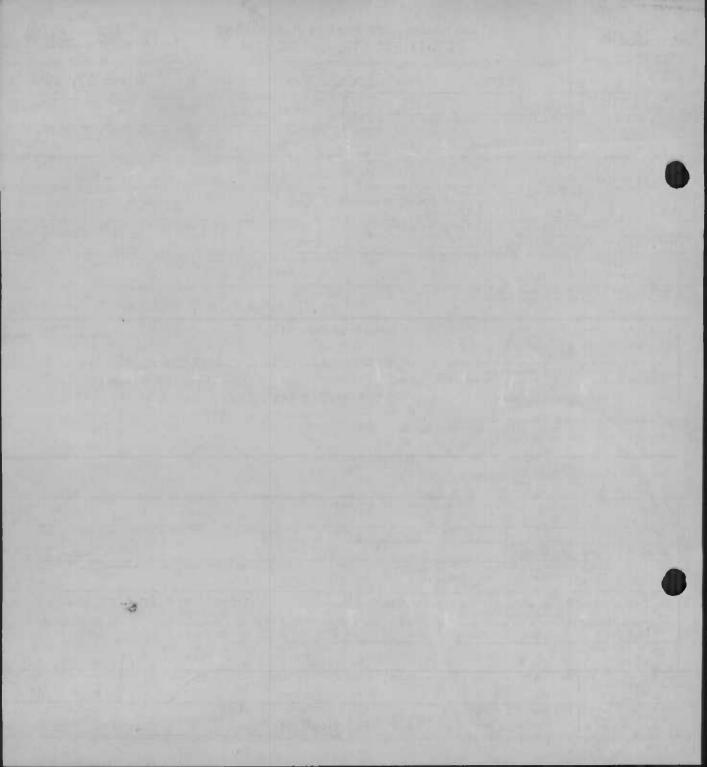


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52	901	362
egistered No	AUC)	10

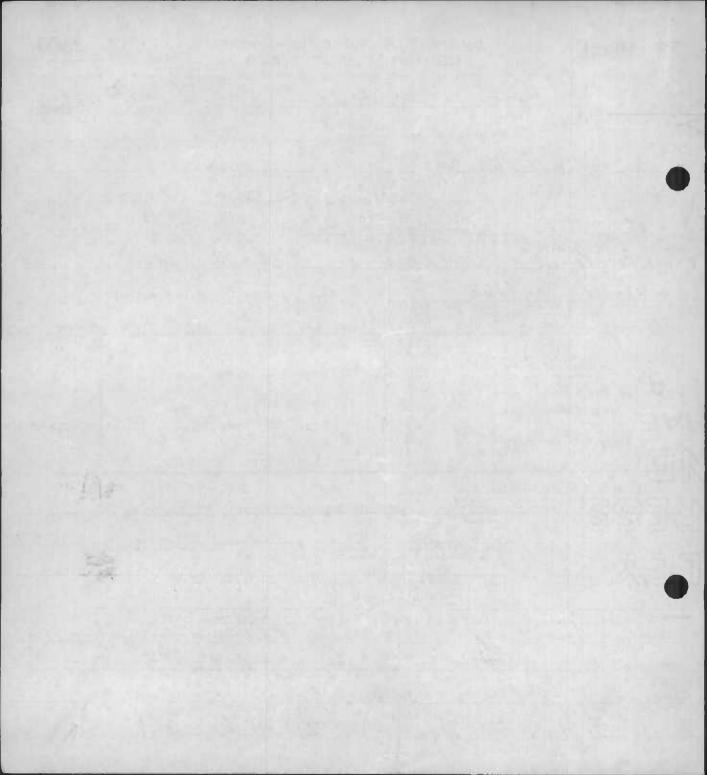
BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) March 17, 1952 (MUNCHELL) Von Virginia FRANK DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased fived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Franklin Square Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos ength of stay in Baltimore 1523 W. Baltimore Street Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years | if Under | Yeer | If Under 24 Hours | hast birthday) | Months: Days | Hours | Min. WIDOWED, DIVORCED (Specify) Widowad male white 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? work done during most of working life, even if retired) INDUSTRY Conf. Store Resper 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Barnice Fones, 3038 Arunah Avanus INTERVAL BETWEEN 4 70 . / 2 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Arteriosclerotic cardiovascular disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) BHE-TO Pulmonary tuberculosis ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT ш 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY? NO X YES 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) UNDERLYING [] OR CONTRIB. INJURY OCCUR? UTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? - INJURY WHILE AT NOT WHILE! WORK AT WORK 22. I certify that I took charge of the remains described above, held an inspection & instrythereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \(\Sigma\), accident \(\sigma\), suicide \(\sigma\). homicide \(\sigma\), undetermined \(\sigma\). 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER March 18 MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B/DATE 24c. NAME of CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) DATE RECEIVED BY 25. FUNERAL DIRECTO REGISTRAR'S SIGNATURE LOCAL REGISTRAR Paul S treot



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

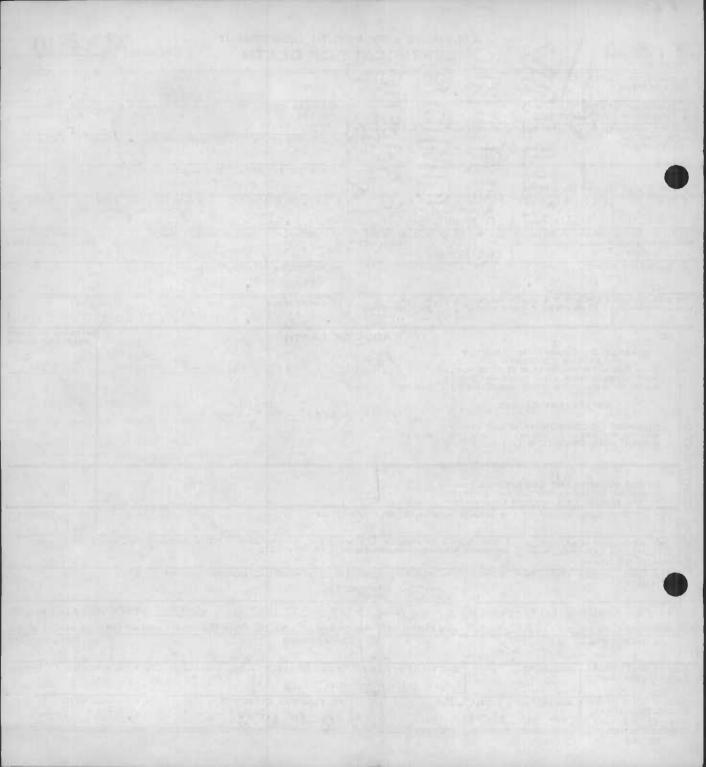
BIRTH NO.				
1. NAME OF DECEASED (Type or Print) Rit M.	malo	u.E.	2. DATE OF 3/19	1/52
3. PLACE OF DEATH: A. Baltimore City, Maryland			here deceased lived, if ins	stitution : residence before admission)
B. FULL NAME OF (If not in hospital or institution, given HOSPITAL OR	ve street address or location)	Mo	1	101
INSTITUTION 203 E. Mf. Roy	100201011)	c. CITY OR TOWN (If	outside corporate limits, v	rite RUINL and give township)
203 C. MT. Noy	Yrs.	o. STREET ADDRESS (If r	ural, give location)	
c. Length of stay in Baltimore	Mos. Days	203 8 %	H. Rough	an
5. SEX 6. COLOR OR RACE 7. SINGLE, MAR		8. DATE OF BIRTH		der I Year It Under 24 Hours
Truele White Ding	il i	5/8/42	54 14	hs Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country) 12	2. CITIZEN OF WHAT COUNTRY?
Hever Employed at	Home	Balto	Md.	WILKI COOMINI
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16.5		Murgaret	Borden	
(Yes, no or unknown) (If yes, give war or dates of service)	SECURITY NO.	17. INFORMANT	ADD	RESS
76		Marie Maloue	203 E. MH.	Royal W.
18. 420.1	CAUSE C	OF DEATH		ONSET AND OFATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1	· Company	0	THE COLUMN
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	(A)			******************************
	DUE TO			
ANTECEDENT CAUSES	(B) Coro-	nom sclavor	ia	2 -14
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE O	UE TO	0		
UNDERLYING CONDITION LAST.	(C)			
Ŭ.				
OTHER SIGNIFICANT CONDITIONS CON-	c - 0			
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	Colle	Acq	- Ulawa i a	
19a. DATE OF OPERATION 19B. MAJOR FIND	INGS OF OPERA	ATION		20. AUTUPS . 7
21A. ACCIDENT WAS UNDER- 21B. PLACE OF	F INJURY (e. g., in	or 21c. WHERE DID (II	in Baltimore City, give	YES NO
	cory, street, office hidg., etc		in Battimore City, give	exact incation)
D. TIME (Month) (Day) (Year) (Hour) 21E. IN	NJURY OCCURRE	D 21F. HOW DID INJURY	OCCUR?	
INJURY WHILE AT M. WORK	NOT WHILE			
22. I hereby certify that I attended the decea		arch 1946 to m	a. 19, 1952 t	that I last can the
deceased alive on man. 8, 1952, and the	oca ji one			
23A SIGNATURE		BB. ADDRESS	A 0 - A 2	23c. DATE SIGNED
I would Jandon	м. о.	6077 Harfor		3-20-25
24A. BURIAL, CREMA- TURN REMOVAL (Specify) 3/22/	AME OF CEMETER	Y OR GREMATORY	CATION (City, town, or	county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	Villary	25. FUNERAL DIRECTOR	Dallo. Mil	DDRESS
LOCAL REGISTRAR	2 6.00	FOR P Q OD TE	in or D	7
MAR 7 1 1457 1 Tunlington William	Grand Mr. 12 M.	1- 2012/40 /Q/	1 St. Tank	٧.
VS 150 //				



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 2810

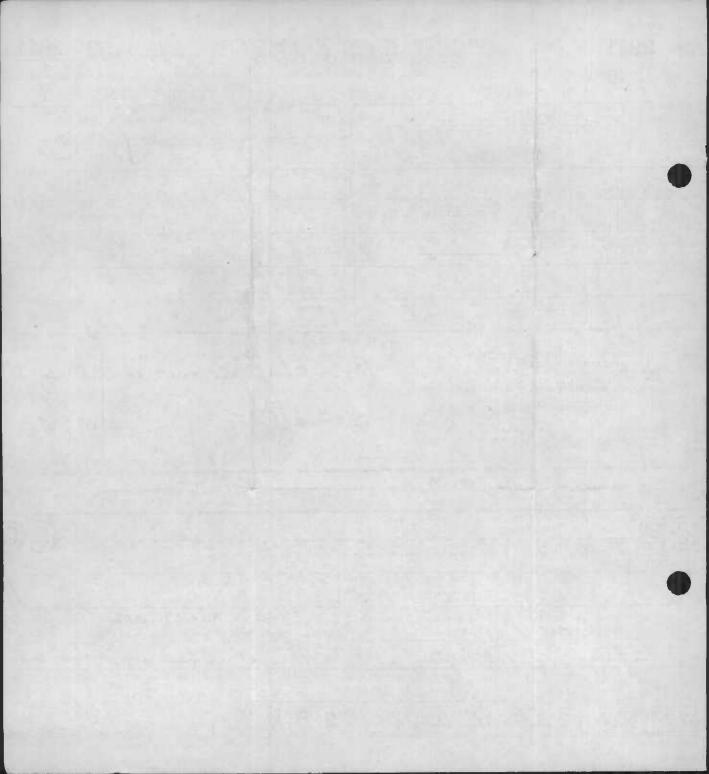
BIRTH NO.						
1. NAME OF DEC (Type or Print)		garet M.	. Hersell		2. DATE OF DEATH	arch 20, 1052
3. PLACE OF DEA A. Baltimore City B. FULL NAME OF HOSPITAL OR INSTITUTION	y, Maryland		ion, give street address or location)	A. STATE	NCE (Where deceased lived, B. COUNTY	If institution: residence before admission) nits, write RURAL and give township)
ength of stay	v in Baltimore		Yrs. Mos. Days	D. STREET ADDRES	ss (If rural, give location) Brd Street	
female	color or RACE white	WIDOW	e, MARRIED, ED, DIVORCED (Specify)	Sept. 6, 190	9. AGE (In years last birthday)	Months Days Hours Min.
ork done during most of we	orking life, even if retired)	own he	OF BUSINESS OR INDUSTRY	Baltimore, 1		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Edvard B. McGee				14. MOTHER'S MAI		
15. WAS DECEASED Yes, no or unknown)	EVER IN U. S. ARMEI (If yos, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO. 578-03-15/3	17. INFORMANT	, Hensell, 417 W	ADDRESS Jest 23rd Street
(This does no heart failure, injury or co	EADING TO DEA' to mean the mode of asthenia, etc. It mea mplication which of ITECEDENT CAUS R CONDITIONS, II ABOVE CAUSE (A) G CONDITION LA II NIFICANT CONDID THE DEATH, BUT ASE OR CONDITION	of dying, e. g ins the disease aused death SES FANY, GIVIN STATING TH ST. TIONS CON NOT RELATE	GE DUE TO (C)	stuses b	Colon	7
	200		FINDINGS OF OPER	ATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21B. PLACE OF INJURY (e.g., in or INJURY OCCUR? 21B. PLACE OF INJURY (e.g., in or INJURY OCCUR?						, give exact location)
ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK						
	MA- 24B DATE 3/24/52	19.52,	and that death occur M.D. 24C. NAME OF CEMETE Tew Cathedral	red at 2 4. m., 38. ADDRESS RY OR CREMATORY	from the causes and on hase S. 24D. LOCATION (City, tow Rultimore,	23c. DATE SIGNED
VC 150	The state of	100 110	waws My		7	



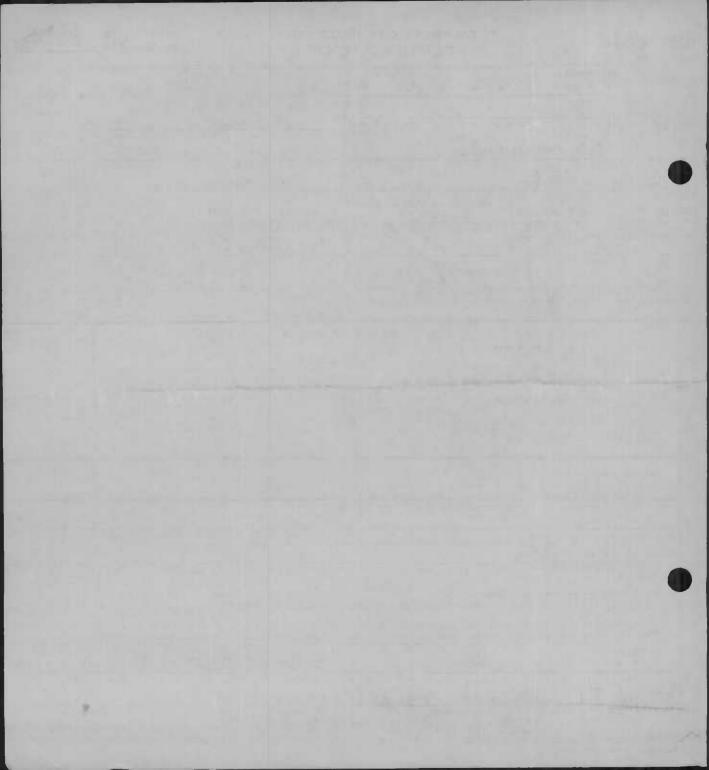
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.52 284

BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Sister Mary Scholastica wroth DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland altimore, Id. B. COUNTY before admission: larvland (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate finite, write Ktole I, and give INSTITUTION townshing 5712 Roland Avenue Paltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 5712 Roland Avenue c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years Munder I Year Munder 24 Hours last birthday) Months; Days Hours: Min. WIDOWED, DIVORCED (Specify) Temale Jan. 17, 1867 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Baltimore, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME dward N. Troth 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 5712 Roland Ave. Sister Tarie Theresa 491X CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPST DICA 21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE! AT WORK , 1930, to Mar 19, 1987 that I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on May 18, 19 5 and that death occurred at 6 A.m., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE 238. ADDRESS 24A. BURIAL, CREMA-24C. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) Paltimore. Md. le, Cat edrol DATE RECEIVED BY . REGISTRAR'S SIGNATURE 25, FUNERAL DIRECTOR ADDRESS



1420					
BIRTH NO. 57-06056			E OF DEATH	Registered No.	2812
1. NAME OF DECEASED	JAMES	M. PC	DLLACK	2. DATE OF DEATH Manch	20 1052
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (V	Vhere deceased lived. If ins	titution: residence before admission
B. FULL NAME OF (If not in hospital HOSPITAL OR INSTITUTION		street address docation		outside corporate timits, v	
3400 Erdman	Avenue	Yrs	Baltimore D. STREET ADDRESS (If	rural give location)	township
Length of stay in Baltimore		Mos. Day	0/00 ==	n Avenue	
male white	7. SINGLE, MARI WIDOWED, DIV SINGA	ORCED (Specif	MAR. 10-1951	9. AGE (In years last birthday) Month	
work done during most of working life, even if retired)	10B. KIND OF BU	JSINESS OR INDUSTR	BALLIHORE-	Md.	MHAT COUNTRY
13. FATHER'S NAME Robert J.	Pohh 4	acK.	14. MOTHER'S MAIDEN N.	STRICKER	
15. WAS DECEASED EVER IN U. S. ARMED (Yes, no or unknown) (If yes, give war or dates of	FORCES? 16. S	OCIAL ECURITY NO.	/	ADD	RESS
18.391.2		CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION D LEADING TO DEATH (This does not mean the mode of	4	(A) Otiti	s media	3	JOHN SEA
heart failure, asthenia, etc. It mean injury or complication which ca	s the disease,	UE TO			
ANTECEDENT CAUSE	:s	(B)			
DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAS	TATING THE D	UE TO (C)			
OTHER SIGNIFICANT CONDIT	OT RELATED			1	
***	B. MAJOR FINDI	NGS OF OPE	RATION		20. AUTOPSY?
Q LITING TO CAUSE OF DEATH	218. PLACE OF about home, farm, factor	INJURY (e. g.		if in Baltimore City, give	exact location)
FINJURY (Month) (Day) (Year) (Hour) 21E. IN WHILE AT WORK	JURY OCCUR	E	Y OCCUR?	
22. I certify that I took charg			Autopsy,	Inspection or Inquiry	thereon and from
the evidence obtained by s and death in my opinion r	aid Autopsy, I esulted from:	nspeetion or natural eaus	es 🏋, accident 🗀, suicide	, homieide . und	etermined .
23A. STENATURE	Dure		23B. CHIEF MEDICAL ASSISTANT MEDICAL M.D. MEDICAL INVESTIGAT	examiner Mai	ch 20, 1952
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify) 3/22/2	24c. NA	ME OF CEMET	ERY OR CREMATORY DAD I	OCATION (City, town, or	county) (State)
DATE RECEIVED BY REGISTRAR'S LOCAL REGISTRAR	= 1-11/1	Miahia A	25. FUNERAL DIRECTOR	5305 1	DDRESS
V S 151	0	3	rac rac r	- John	1/

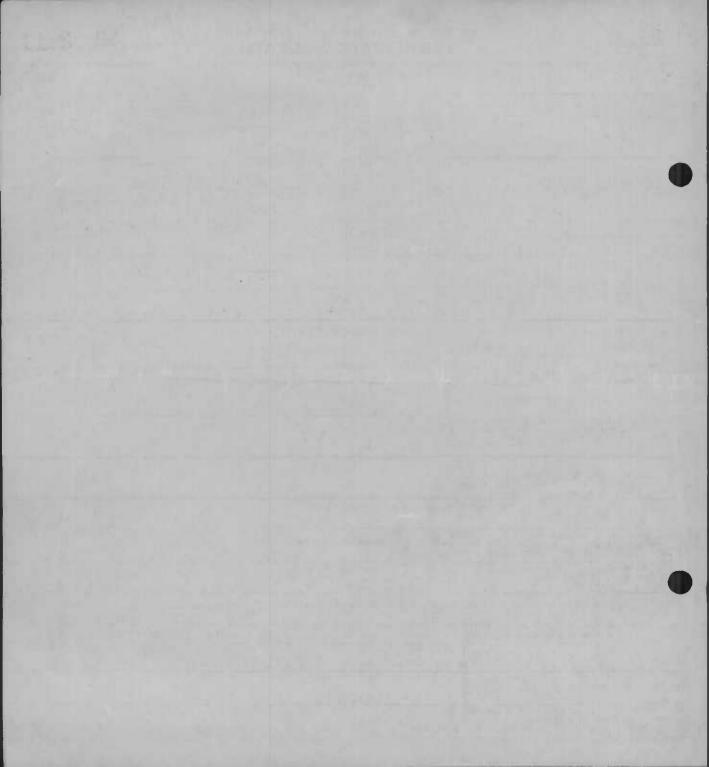


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 2843

BIRTH NO 1. NAME OF DECEASED 2. DATE WILLIAM (Type or Print) OF March 20, 1952 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limit, write LibRAL and give INSTITUTION Johns Hopkins Hospital townshin) Baltiore o. STREET ADDRESS (If rural, give location) Yrs. 2310 F. Eager Street ength of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years | If Under | Year | If Under 24 Hours last birthday) | Months: Days | Hours: Min. WIDOWED, DIVORCED (Specify) male white MARRIED 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? BAKER GEN. BAKING-SELF OF KNOWN JUSEPH PRIBYL 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) WORLD WAR I PRIBYL 2310E. EAGEIS 00,0 and 151X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., (A) Fracture of skull heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ous-To Subdural henatoma, bilateral ANTECEDENT CAUSES (B) Carcinoma of stomach with metustases RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING puero to liver, brain and optic chiasm RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY7 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIB-UTING CAUSE OF DEATH. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 2310 F. Fager Street hone 210. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED 1:00 A.m. Fell downstairs from 2nd to let floor AT WORK WORK 22. I certify that I took charge of the remains described above, held an _ autonsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], accident [], suicide [], homicide [], undetermined []. 23B. CHIEF MEDICAL EXAMINER [ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24c. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-24B/DATE TION, REMOVAL (Specify) LTIMINE NATIONAL DATE RECEIVED BY LOCAL REGISTRAR

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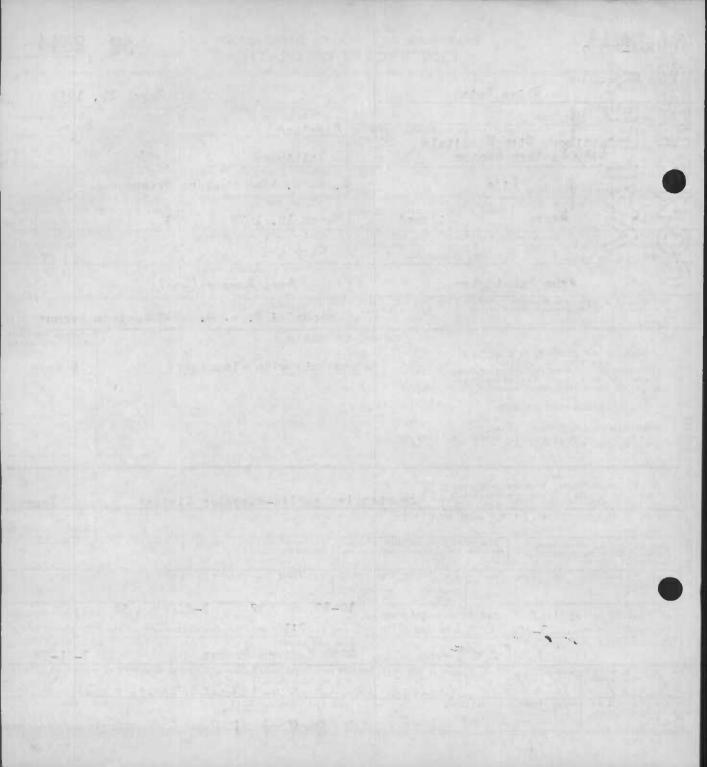


530 REA-27709

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 2814

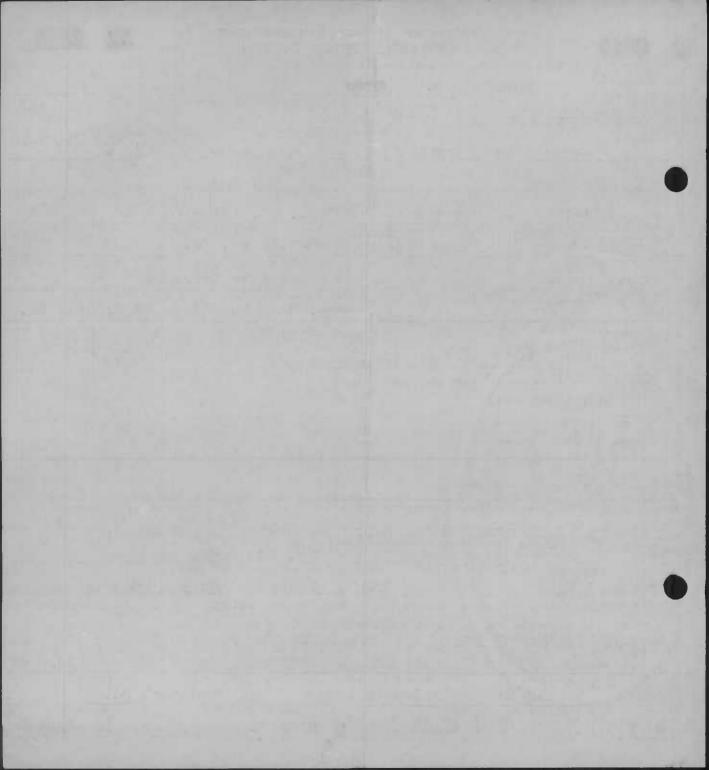
В	IRTH NO.	(10)		CERTIFICATI	E OF DEATH	Registered N	0
1. (T	NAME OF D		a Smit			2. DATE OF DEATH arch. 2	0. 1952
	3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If in	nstitution : residence before admission)
В.	FULL NAME	OF (If not in hospit	al or institut	ion, give street address or	Maryland	,	13
IN	ISTITUTION	Baltimore Cit 4940 Eastern	Avenue	itals location)	Baltimore (1	f outside corporate limits.	writte URAL and give township)
C.	ngth of s	tay in Baltimore	ife	Yrs. Mos. Days	B. C. H. 4940 East	rural, give location) stern Avenue	
	Female	6.COLOR OR RACE	7. SINGLE WIDOW	MARRIED. /ED DIVORCED (Specify)	March 10, 1873		Inder 1 Year U Under 24 Hours the Days Hours Min.
1 C	A. USUAL OC don/during most	CUPATION (Give kind of of working life, even if retired)	10B. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or i	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	NAME			14. MOTHER'S MAIDEN N	IAME	will
		John Was		1	Anna Bowse	er (Dec)	6
15 (Ye	WAS DECEAS o, no or unknown)	ED EVER IN U.S. ARMEE (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Records: B. C.	H. 4940 Easte	rn Avenue
	18. 49:	3× .		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	SE OR CONDITION	DIRECTLY	n			AND DEATH
	(This does	not mean the mode of the asthenia, etc. It mea	f dving, e. s	(A)	sumonia with Plea	ırisey	6 days
	injury or	complication which c	aused death	DUE TO			
		ANTECEDENT CAUS	ES				
Z	DISEASE	S OR CONDITIONS, II	F ANY, GIVIN	(B)		***************************************	
Ĭ	RISE TO T	HE ABOVE CAUSE (A)	STATING TH	E DUE TO			
ERTIFICATION				(C)		***************************************	
TIF		11					
ER	TRIBUTING	SIGNIFICANT CONDI	NOT RELATE			11	
O		F OPERATION 1		FINDINGS OF OPER	Ive cardio-vascul	ar disease	20. AUTOPSY?
AL	TOAT DATE C	, or English	0B, MA00K	7 110 11100 01 01 01	A11014		YES NO
	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 21B. PLACE OF INJURY (e. g., in or linguage) 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?						
21D, TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?							
m. WHILE AT NOT WHILE AT WORK AT WORK							
22. I hereby certify that I attended the deceased from 10-23, 1937, to 3-20, 1952, that I last saw the							
deceased alive on 3-20, 19 52, and that death occurred at 7:10Pm., from the causes and on the date stated above.							
	23a. SIGNATURE 23c. DATE SIGNED 4940 Eastern Avenue 23c. DATE SIGNED 3-21-52						
Z/ TI	AA. BURIAL.	CREMA- 24B. DATE	(-)	24c. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town, o	or ecounty) (State
	ATE RECEIVE	D BY REGISTRAR	SSIGNATE	Mujou Mi	25. FUNERAL DIRECTOR	urau /	ADDRESS
	CAL REGIST		stor	Villiaux 15	Heren lar	ring of So	5 aberden
	VS 150	40.	W .				- 1



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Register 52 2815

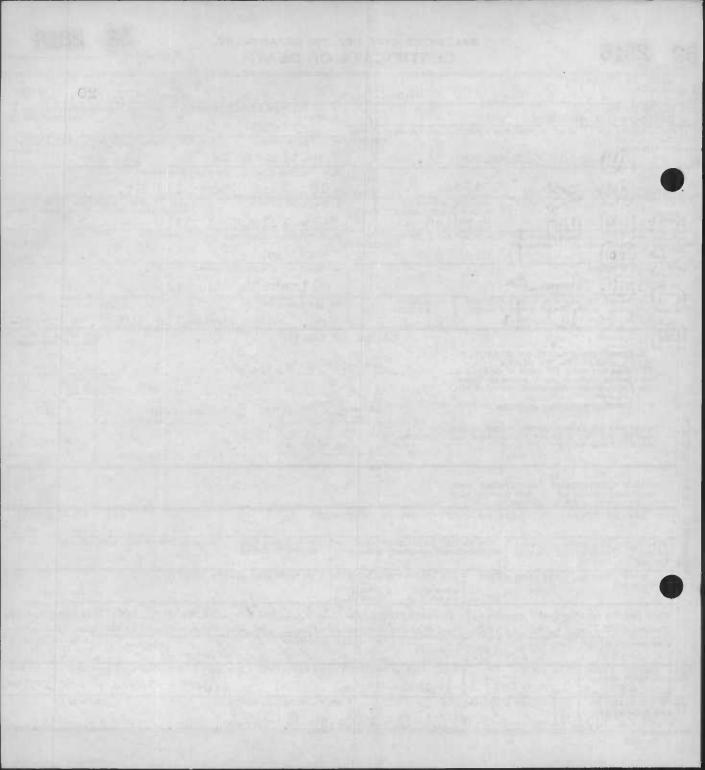
14	RTH NO.	9		CERTIFICATI	E OF DEATH	- Regis	stere (sup)	
11 1.	NAME DF DE	ECEASED	n Bus	W. RIDGE		2. DATE OF	Manala 10	1052
	PLACE DF DE	EATH:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TEDOI		DEATH NCE (Where deceased B. COU		n: residence efore admission)
В.	B. FULL NAME DF (If not in hospital or institution, give street address of HDSPITAL OR location)				Mary	land		
	STITUTION	South Balti	Lmore G	eneral Hospita	C. CITT DR TOWN	imore	rate limits, write	township)
F				Yrs. Mos.		SS (If rural, give loca	ation)	
	ength of st	ay in Baltimore	7 SINGLE	Days	3 W.	Hill Street	years If Under 1 Year	t It Under 24 Hours
	ale	white	WIDDW	VED, DIVDRCED (Specify)		191 last birth	day) Months Day	/8 Hours: Min.
WOT	NA. USUAL OCC k done during most of Machi	CUPATION (Give kind of f working life, even if retired)		o of Business or INDUSTRY	Baltimo:	tate or foreign country		IZEN OF AT COUNTRY?
13	B. FATHER'S N		01	irp nopari	14. MDTHER'S MAI			
	John	Ridge			Ludwich	ka Myers		
15 (Yo	NO NAS DECEASE	D EVER IN U. S. ARMET (If yes, give war or date	FORCES? s of service)	16. SDCIAL SECURITY ND.	Mrs. Colum	bus Ridge	ADDRESS 3 W. Hi	11 St.
	18. 8 00	0,0		CAUSE	OF DEATH			ERVAL BETWEEN
		E DR CDNDITION LEADING TO DEA	DIRECTLY				ONS	ET AND DEATH
	heart failu	not mean the mode ore, asthenia, etc. It mea	of dying, e.; ins the diseas	se,	re of neck			
		complication which		n.) DUE TO				
-7		ANTECEDENT CAUS		(B)			*************	***************************************
TION	RISE TO TH	OR CONDITIONS, I HE ABOVE CAUSE (A) ING CONDITION LA	STATING TH					
A				(C)				
RTIFIC		II IGNIFICANT CONDI						
tul		TO THE DEATH, BUT SEASE OR CONDITION	CAUSING I	Т.				
J	19a. DATE D	F OPERATION 1	96. MAJDR	FINDINGS OF OPER	ATION		20 YES	AUTDPSY?
CAL	21A. EXTERN	AL CAUSE WAS	218. PLA	ACE OF INJURY (e. g., infarm, factory, street, office bldg., t			e City, give exac	
EDI	UTING LI C	AUSE OF DEATH.	about source	home	3 W. Hill	Street		
Σ	F INJURY	Month) (Day) (Year)		21E. INJURY DCCURR		INJURY DCCUR?		
L	arch 15		m.	WORK AT WORK	X Apparentl	y fell down		
				remains described a	A	utopsy, Inspection or	Inquiry	on and from
	and de	th in my opinion	resulted f	opsy, Inspection or I from: natural causes	nquiry, find that \square . \square , accident \square . s	sara deceasea a.ec wieide 🗀, homicid	a on the day i le [], undetern	nined .
	23A. SIGNAT	auley	1.00	ulachy		DICAL EXAMINER DICAL EXAMINER STIGATOR	23c. DATE	
71	4A. BURIAL. C ON REMOVAL (SI Burial	REMA- 248. PATE (Secify) 3/22/5		24c. NAME OF CEMETE Loudon F		Frederic		y) (State)
DL	ATE RECEIVED	BY REGISTRAR			25. FUNERAL DIRE	CTDR	ADDRE	
N	IAR 2 2 19	52 Huntings	on Wel	dialis My	2 gohn Fo	Denny, In	с. 715 L	ight St.
V	S 151 A/	8050		57	111.211			4



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 2816 Registered No.

BIRTH NO.					
1. NAME OF DECEASED (Type or Print) RICHARD HENNELLY	2. DATE OF March 20, 1952				
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)				
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location					
INSTITUTION	C. CITTOR TOWN (It outside corporate annus write ROAA) and give				
121 East Churchill St.	Baltimore 29				
Yrs.	D. STREET ADDRESS (If rural, give location)				
c. Length of stay in Baltimore Life Mos.					
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (in years) Under) Year Under 24 Hours				
WIDOWED, DIVORCED (Specify	last birthday) Months: Days Hours: Min.				
Male White Married	July 1,1887 64				
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
Laborer Blacksmith	Maryland U.S.A.				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
John T. Hennelly	Elizabeth Kibwell				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS				
Yes World War 1 220-09-090	Mrs. Laura Hennelly 121 E. Church-				
18. 5 8 3 O . CAUSE	OF DEATH 111 St. INTERVAL BETWEEN				
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH				
(This does not mean the mode of dying, e.g.,	Anso Whato I'm.				
heart failure, asthenia, etc. It means the disease,					
injury or complication which caused death.) DUE TO					
ANTECEDENT CAUSES	In many Oldensa 2 dys				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DE.TH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.					
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	Caratan 1m				
(C)	7200 W				
OTHER SIGNIFICANT CONDITIONS CON-					
TRIBUTING TO THE DE, TH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
, 19a, DATE OF OPERATION 19b, MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY?				
13 ISA, DATE OF OPERATION 1 138, MASON PHI BINGS OF OPE	YES NO D				
21A. ACCIDENT WAS UNDER- 21B. PLACE OF INJURY (e. g.,					
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg CAUSE OF DEATH	INJURY OCCUR?				
DD. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR	RED 21F. HOW DID INJURY OCCUR?				
INJURY WHILE AT NOT WHIL					
m. WORK AT WORK					
22. I hereby certify that I attended the deceased from	une 2, 1951, to March 20, 190, that I last saw the				
deceased alto on Man 19, 1952, and that death occurred at m, from the causes and on the date stated abo					
23A. SIGNATURE 23C. DATE SIGN					
M.O.	1219 miliam 11 3/20/52				
24A. BURIAL, CREMA- TION, REMOVAL (Specify)					
Burial 3/22/52 WOODLAWN CEM. WOODLAWN, MARYLAN					
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS				
LOGAL BEGISTRARY H A: + 11/11	- 0 0 1 53				
MARZZ 1932 Tunington Welleaus Mit	Work No. Denwy, Inc. 715 Light St.				
VS 150	0.22 0.1				
	77084				

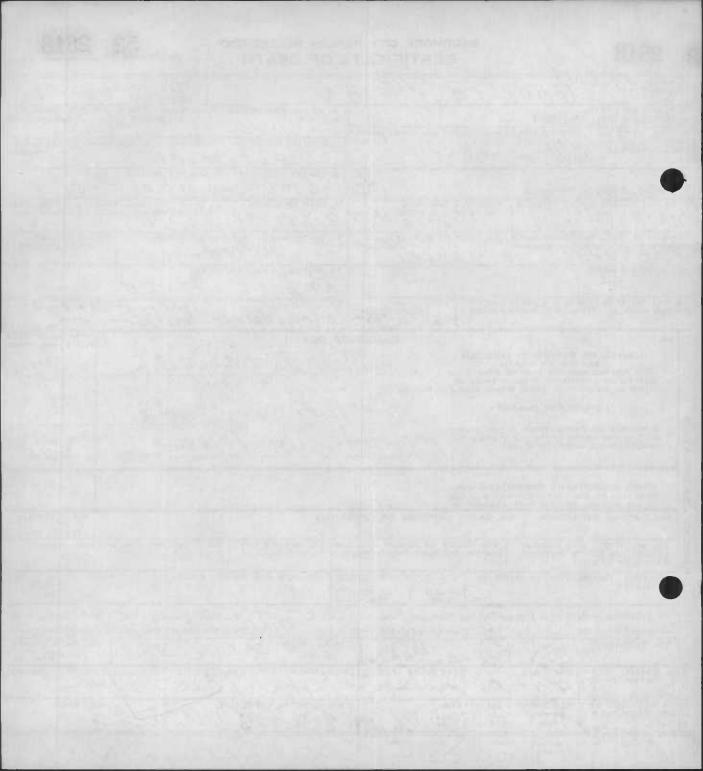


2817			IMORE CITY HE			Registered No.	2817
BIRTH NO.			CERTIFICAT	E OF DEAT	Н	tegistered No	
1. NAME OF D (Type or Print)			4		2. DA	TE OF	
	A	MELIA	WILLIAM	15	DE	ATH MAR	. 21 1952
3. PLACE OF D A. Baltimore (City, Maryland			4. USUAL RESIDE	В	. COUNTY	stitution : residence before admission)
B. FULL NAME HOSPITAL OR	OF (If not in hospit	al or institution	n, give street address or location)		RY LAN.	D'	1.1.
INSTITUTION	5113 UND.	FRWOO.		c. CITY OR TOWN	LTIMOR	_ /	write RURAL and give township)
			Yrs.	D. STREET ADDRE	SS (lf rural, gi	ve location)	
c. Length of s	tay in Baltimore		SYRS Mos. Days	5113 U	NDERW	000 A	POND.
5. SEX	6. COLOR OR RACE	7. SINGLE, WIDOWE	MARRIED, D, DIVORCED (Specify)	B. DATE OF BIRTH	9. AG	E (In years If Un	der I Year If Under 24 Hours hs: Days Hours Min.
FEMALE		WID	OWED.		4	8	
	CUPATION (Give kind of of working life, even If retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	State or foreign co	untry) 1;	2. CITIZEN OF WHAT COUNTRY?
	WORK	1	TAID,	CHARLES.	TON . S.	C .	U. S. A.
13. FATHER'S	IAME			14. MOTHER'S MA	IDEN NAME		
					,		
15. WAS DECEASE (Yes, no or unknown)	D EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADD	RESS
NO				JOIA NEW	LOMER	5113 UN	DERWOOD RD.
18. 421	0:0		CAUSE	OF DEATH			INTERVAL BETWEEN
DISEAS	E OR CONDITION				20	,	1 .
	not mean the mode of	of dying, e.g.,	(A) Car	many o	hombo	e in	20 mins
injury or	re, asthenin, etc. It mea complication which c	ns the disease, aused death.)	DUE TD				
	ANTECEDENT CAUS	SES	1		, ,		
z			(B) arter	is & cleralis	Stend	Duran	
	OR CONDITIONS, 11 HE ABOVE CAUSE (A)		DUE TD				
	ING CONDITION LA		(C)				
			(0)				
OTHER S	IGNIFICANT CONDI	TIONS CON-					
H TRIBUTING	TO THE DEATH, BUT	NOT RELATED					
	F OPERATION 1		INDINGS OF OPER	ATION			20. AUTOPSY?
CAL							YES ND
21A. ACCID	ENT WAS UNDER-		E OF INJURY (e.g., i			ltimore City, giv	e exact location)
LYING OF	R CONTRIBUTING DEATH	about nome, lar	m, factory, street, office bldg.,	INJURY OCCU	KI		
	Month) (Day) (Year)	(Hour) 21	E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCU	R?	
PINJURY			ILE AT NOT WHILE				
22. I herch	y certify that I att			1-7/ 10V	V to 3-	V/ 1952	that I last saw the
	ive on 3-14						
23A IGNA		, 10==, u		3B. ADDRESS	Tom the care	A	23c. DATE SIGNED
The	ear R. V	ulian	M. D.	1707 Ma	sum a	ve	3-71-52
24A. BURIAL, O	REMA- 24B. DATE	24	C. NAME OF CEMETE	RY DR CREMATORY		N (City, town, or	
BURIA	. Add 10 10 1	1952			CHARL	ESTON	S. C.
DATE RECEIVE		S SIGNATUR	E	25. FUNERAL DIR	ECTOR	A	DDRESS
MARTT	052 Huner	with the	William My	New Sel	1300 1	800C Lo	mland St.
VS 150	002	0		00			

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1207 MADISON ST

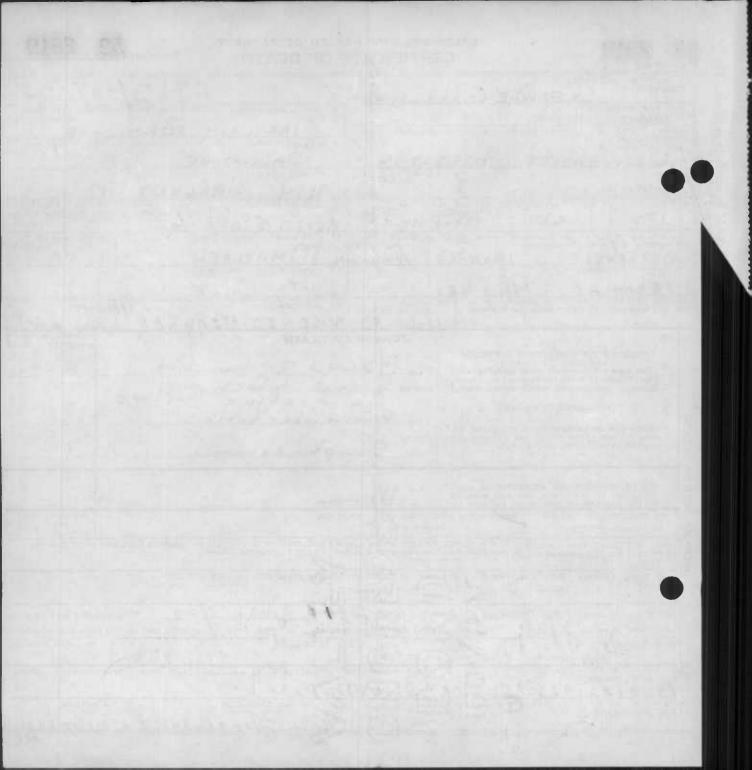
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH -3, PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNT before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR Weation) (If outside corporate limits, write RURAL and give INSTITUTION TIMORU Yrs. (If rural, give location) Mos. · LOMBARC mength of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE. MARRIED 9. AGE (In years) If Under | Yest last hin hday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) INORCED 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of 12. CITIZEN OF BAL TENDER WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, to be unknown) (If yes, give war or dates of service) unknown) 1109 VANAYOUR EN ST EASTPORT med -01-CATHERINE BREWER INTERVAL BETWEEN 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, c.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION (B) .. DISEASES OR CONDITIONS, IF ANY, GIVING CHIN NISENZ RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICA YES 21B. PLACE OF INJURY (a. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE AT WORK 3.20, 19 That I last saw the 22. I hereby certify that I attended the deceased from. 2. 70, 195 % and that death occurred at 630 m. from the eauses and on the date stated above. deceased alive on_ 23A. SIGNATUR 23B. ADDRESS 23C, DATE SIGNED OCATION (City, town, or eoung) DATE RECEIVED BY MUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR Huntington



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered \$2 2819

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) GEORGE G. HUGHES	2. DATE 0F 3/20/52
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address o	MARYLAND (SALTIMORE
UNIVERSITY HOSPITAL	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township
7 LIf E Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. length of stay in Baltimore Days 5. SEX [6. COLOR OR RACE] 7. SINGLE, MARRIED.	III4 SHROENT ST
WIDOWED, DIVORCED (Specify	last birthday) Months Days Hours Mir
10A. USUAL OCCUPATION (Give kind of work done during most) f working ife, even if retired 10B. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
MECHENEST BARTLET HAYWA	WILL THRYLAND WAA
Th. 40 11 1.	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT
212-07-5189	MILDRED MEAGHER SAMENT
18. 477 CAUSE	OF DEATH
(This does not mean the mode of dying, e.g.,	cup & boundle 8 days
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	anch blocke il
ANTECEDENT CAUSES	reliectusis?
O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	weller freis
UNDERLYING CONDITION LAST.	mphycem ?
OTHER SIGNIFICANT CONDITIONS CON-	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
J 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g.,	in or 21c. WHERE DID (If in Baltimore City, give exact location)
CAUSE OF DEATH	,etc.) INJURY OCCUR?
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF	
m. WORK AT WORK	
22. I hereby certify that I attended the deceased from deceased alive on 3 125 and that death occur	, to the first suit to
23A. SIGNATURE PRANCIS ABOVES	23B. ADDRESS 23c. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETI	ERY OR CREMATORY 24d. LOCATION (City, town, or county) (State)
BURIAL 3/14/52 MT DLIVE	It CEM
LOCAL REGISTRAR	25. FUNERAL DIRECTOR ADDRESS
VS 150	MASSI TOWELL 2427 E DMONDSON
5	7431



BALTIMORE CITY HEALTH DEPARTMENT Registered N CERTIFICATE OF DEATH 1. NAME OF 2. DATE (Type or Print) March 17, 1952 **JEANETTE** LANDON DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: B. COUNTY A. Baltimore City, Maryland B FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Incation) (If outside corporate INSTITUTION Baltimore Provident Hospital o. STREET ADDRESS (If rural, give location) Yrs. Mos.

1623 McCulloh Street ength of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (in years M Under 1 Year last birthday) Months: Days Hours: Min. Colored OCCUPATION (Give kind of most of working life even if retired) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yes, give war or dates of service) (Yes, nn or unknown) SECURITY NO

before admission)

20. AUTOPSY?

ADDRESS

CAUSE OF DEATH ONSET AND OF DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Aspiration of vomitus (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION

21c. WHERE DID 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS INJURY OCCUR?

UNDERLYING A OR CONTRIB-UTING CAUSE OF DEATH. Home 1623 McCulloh Street

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE Aspiration of vomitus March 17, 1952 6:00 P.m.

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry

the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], accident X, suicide [], homicide [], undetermined [].

23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR

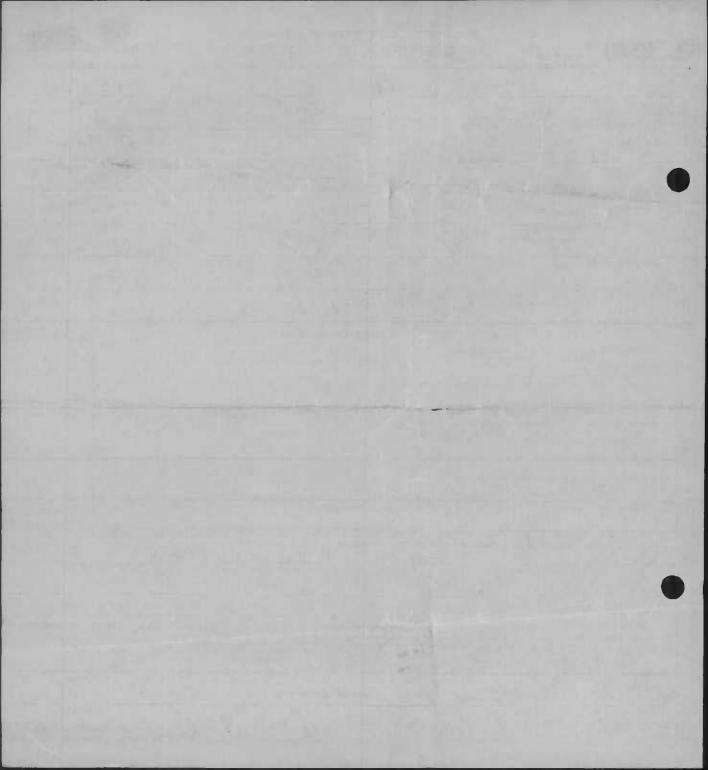
March 19 BURIAL, CREMA-REMOVAL (Specify) ORGREMATORY 24D. LOCATION IC

DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S

untington

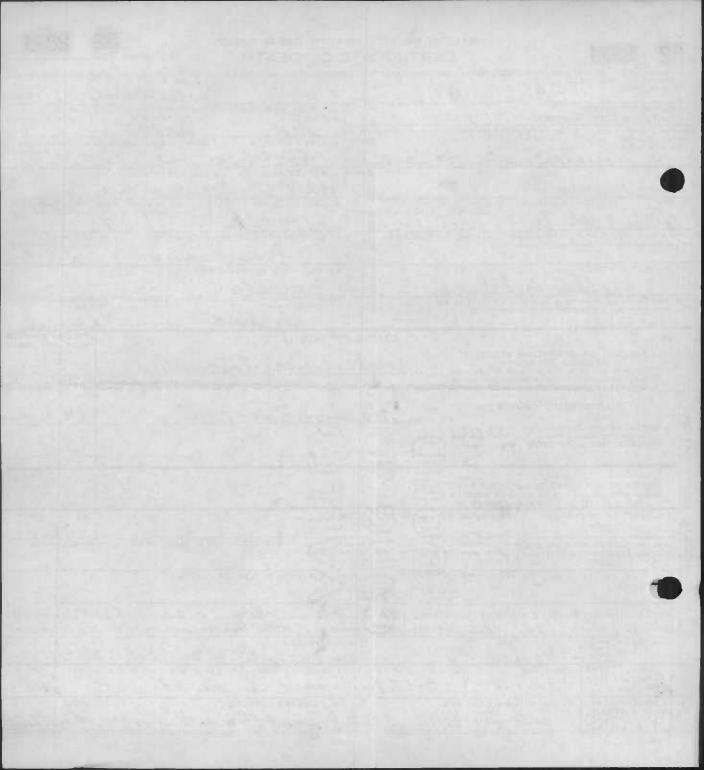
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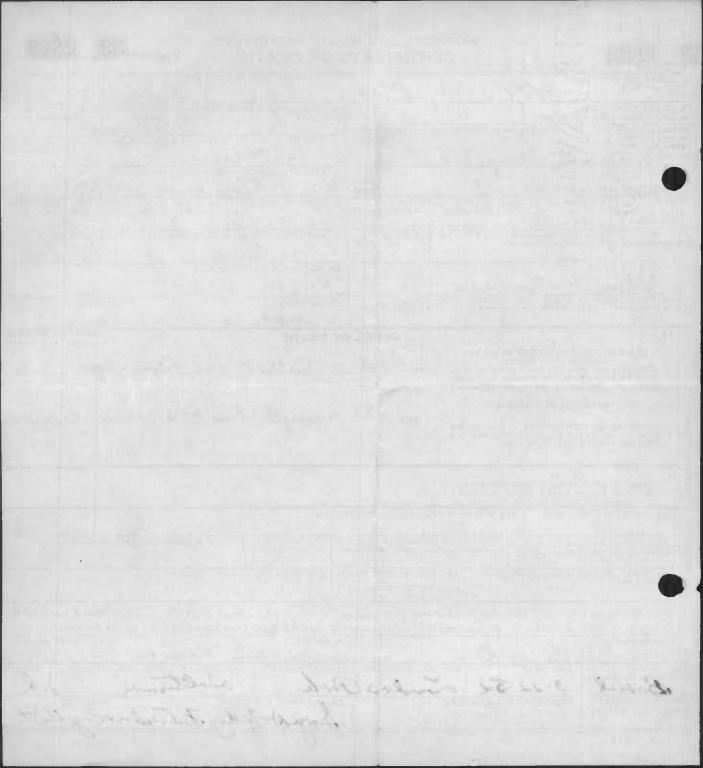


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF 4. USUAL RESIDENCE (Where deceased lived, If institution: a sidence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAI nederive C. CITY OR TOWN INSTITUTION D. STREET ADDRESS (If rural, give location) Mos. ngth of stay in Baltimore Davis 9. AGE (in years | Il Under | Year | Il Under 24 Hours | Months Days | Hours | Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY Vans 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS CEASED VER IN U.S. ARMED FORCES? (If yes, no or unknowo) 6. SOCIAL ADDRESS (Yes, no or unknowo) SECURITY NO. au INTERVAL BETWEEN 18.05 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICA YES) 218. PLACE OF INJURY (e.g., In or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY WHILE AT 22. I hereby certify that I attended the deceased from 3/21 3/21 , 19 1 that I last saw the , 19 52, to_ 1952, and that death occurred at 1:30Pm., from the causes and on the date stated above. deceased alive on_ 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) CREMA-24c. NAME OF CEMETERY OR CREMATORY (State) REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS

VS 150



650	EALTH DEPARTMENT
00000	E OF DEATH Registered
1. NAME OF DECEASED BROWN, Cate	h he e 2. DATE OF March 20, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution, residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
miversity Horaital Yrs.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore 5	4407 Alan Drive, Apt. E
Female Solute 7. Single, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years It Under I Year Months Days Hours Min.
10A. USUAL OCCUPATION (Givekind of work done during most of working life, oven if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY:
13. FATHER'S NAME	14. MOTHER MAIDEN NAME
John M. Brown, Jr.	Edith Swith
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	hymphatic henkania 6 mos.
OTHER SIGNIFICANT CONDITIONS CDN- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	in or 21c. WHERE DID (If in Baltimore City, give exact location)
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR INJURY NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from 3/	3/1452,19_, to 3/30_, 1952, that I last saw the
deceased alive on 2/30, 1952, and that death occur	rred at
24K. BURIAL, CREMA-, 24B. DATE 24C. NAME OF CEMETE	ERY OR CREMATORY 240. LOCATION (City, town, or county), (State)
Buful 9-22-32 Loudon	Park Baltimore Ink
DATE RECEIVED BY REGISTRAR'S SIGNATURE, LOCAL REGISTRAR'S Tuntington Wallaus Not.	Dinger Jarly Fullower Togethest.
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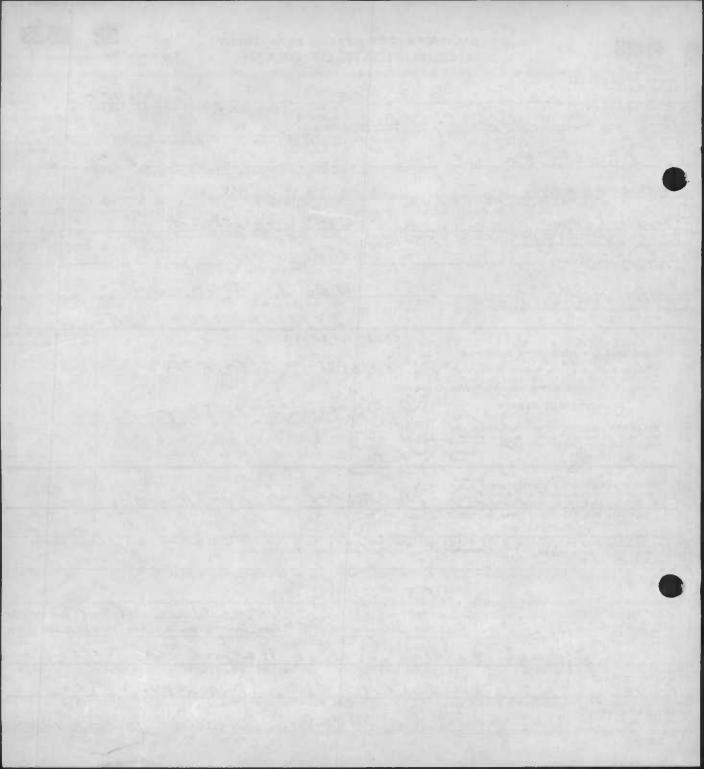
BALTIMORE CITY HEALTH DEPARTMENT

Registered No_ CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH MARCH 2 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits write KURAL and give INSTITUTION (wuship) 607.8. NEWKIRK p. STREET ADDRESS (If rural, give location) Yrs. Mos. Length of stay in Baltimore SUNS 6075 NEWKIR Davs 5. SEX 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 9. AGE (In years If Under 1 Year last birthday) Months Days Hours Min. 8. DATE OF BIRTH FEMALE WHITE WIDOWED 10A. USUAL OCCUPATION (Givekind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? HOME BLACKSBUAG.

14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME SHEAF ARGBRIGH 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. 45 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 194. DATE OF OPERATION | 198. MAJOR FINDINGS OF 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 2 IE. INJURY OCCURRED INJURY NOT WHILE WHILE AT 6-10 3/21, 1957 that I last saw the . 1947 to_ 22. I hereby certify that I attended the deceased from_ 1954 and that death occurred at 5 30 Am., from the causes and on the date stated above. deceased alive on 3 23A. SIGNATURE 23B. ADDRESS 23C DATE SIGNED 24A. BURIAL, CREMA-REMOVAL 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE.

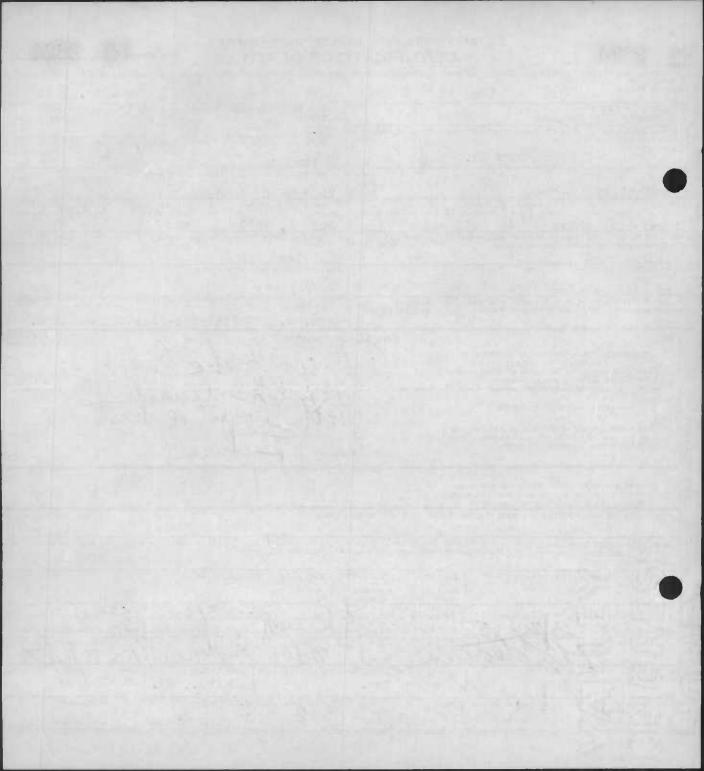
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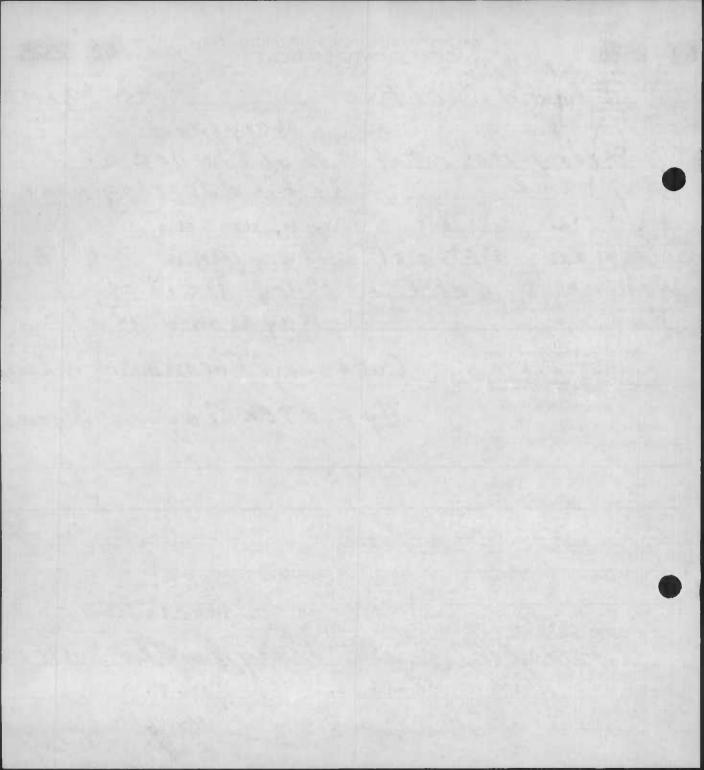
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registere 58. 2824

BINTH NO.	- OLIVIII IOATI	L OI DEATH				
1. NAME OF DECEASED (Type or Print)	IDA MAY WILLIAMS	2. DATE OF DEATH Mar. 20, 1952				
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission)				
B. FULL NAME OF (If not in hospite HOSPITAL OR INSTITUTION 2954 Harfo	al or institution, give street address o location	C. CITY OR TOWN (If outside corporate limits, write bureal, and give township)				
On oth of star in Politican	Yrs. Mos.	Baltimore D. STREET ADDRESS (If rural, give location)				
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	B. DATE OF BIRTH 9. AGE (In years) if Under I Year It Under 23 Hours Indee 1 Year It Under 23 Hours Indee 24 Hours It Under 24 Hours It Under 24 Hours It Under 25 Hours It Under 26 Hours It Under 26 Hours It Under 27 Hours It Under 27 Hours It Under 28 Hours				
female white 10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)	widowed 10B. KIND OF BUSINESS OR INDUSTRY	June 9, 1868 83 12. CITIZEN OF WHAT COUNTRY?				
never worked 13. FATHER'S NAME	INDUSTR	Maryland 14. MOTHER'S MAIDEN NAME				
Pasquale DeFales		Emma Sykes				
Yes, no or unknown) (If yes, give war or dates) FORCES? 16. SOCIAL SECURITY NO.	Mrs. O. W. Littleton-3111 Tyndale Rve.				
injury or complication which complication which complication which complication which complications is an experience of the complication which c	F ANY, GIVING STATING THE DUE TO ST. (C)	Very Sur Street A				
	98. MAJOR FINDINGS OF OPE	RATION 20, AUTOPSY?				
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)						
22. I hereby certify that I attended the deceased from 19/1, to 19/1, that I last saw t deceased alive on 19/2, 19/2, and that death occurred at 19/1, from the causes and on the date stated about 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNE						
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify) 3/22/52	24C. NAME OF CEMETE Western Cem.	ERY DR CREMATORY 24D. LOCATION (City, town, or county) / (State) Balto., Md.				
DATE RECEIVED BY REGISTRARY	gton Withalas Al	25. EUNERAL DIRECTOR ADDRESS				
VS 150	0	Batto Md.				



BALTIMORE CITY HEALTH DEPARTMENT Registered No.2 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location) (If outside corporate limits, rie RURAL and INSTITUTION fqida.wo Yrs. Mos. c. rength of stay in Baltimore Days SINGLE, MARRIED, WIDOWED DU ORCED (Specify) ASE (in years H / Judet T Year 5. SEX 6. COLOR OR RACE Ase (in years | Hambir I You | It Under 24 Hours | last birthday) | Months: Days | Hours: Mon. 1907 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 12. CITIZEN OF rk done diring most of working life, even if retired) INDUSTR' 13. FATHER'S NAME 14. MOTHER'S MAIDEN 15. WAS DECEASED EVER IN U, S. ARMED FORCES? (Yes, no basunknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO tension ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY CA YES 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER EDI about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY , 1952 to Mar 20, 195 What I last saw the 22. I hereby certify that I attended the deceased from I all deceased aliveon MAR 0, 19 Jund that death occurred at m., from the causes and on the date stated above. 23A. SIGNATURE 22c. DATE SIGNED 23B. ADD 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24D. LOCAT: N (City, town, or county) OF CEMETERY OR CREMATORY Woodlawn. Md. Burial Lorraine Cem. DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE 25_FUNERAL DIRECTOR

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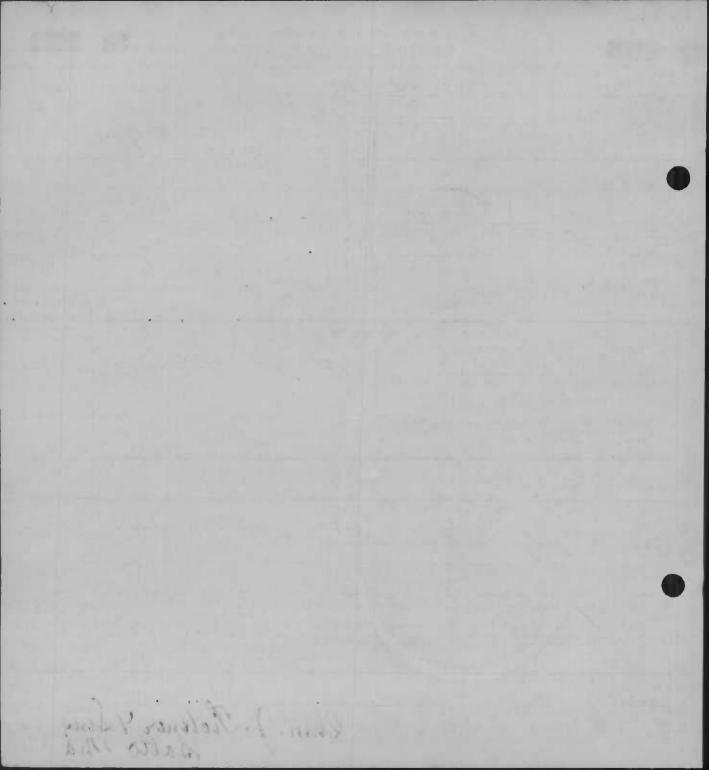


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registere **52** 2826

1. NAME OF DECEASED (Type or Print) CARL WILLIAM EUKER, SR. CARL WILLIAM EUKER, SR.	50
3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: resi	
B. FULL NAME OF (If not in hospital or institution, give street address or Maryland	4111101011)
HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAI INSTITUTION	and give
Mercy Hospital Baltimore 7	
Pength of stay in Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. Days 202 Clay Street	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF 81RTH 9. AGE (In years If Under I Year If Under I Yea	nder 24 Hours
Male White divorced Dec. 29, 1895 56	
10A. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN WHAT CO	
Optical Grinder Optical Md.	
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
Charles A. Euker Florence E. ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 17. INFORMANT ADDRESS ON 4	, Md.
Mr. Carl W. Euker, Jr. 1824 Daueron	
18. 3 2 2 1 CAUSE OF DEATH INTERVAL ONSET AN	
DISEASE OR CONDITION DIRECTLY	DEATE
(This does not mean the mode of dying, e.g., (A) Acute and chronic alcoholism	
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	*******
ANTECEDENT CAUSES	
Z DISEASES OR CONDITIONS, IF ANY, GIVING O RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	
O CO	
TO OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUT	OPSY?
∠ YES X	_NO _
21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. 21b. PLACE OF INJURY (e. g., in or UNDERLYING OR CONTRIB. about home, farm, factory, street, office bidg., etc.) UTING CAUSE OF DEATH.	ion)
2 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
m. WORK AT WORK	
22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and Autopsy thereon and Autopsy thereon and Autopsy thereon and Autopsy thereon are the same of the remains described above, held an autopsy thereon are the same of the remains described above, held an autopsy thereon are the same of the remains described above, held an autopsy the remains described above.	nd from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated	d above
and death in my opinion resulted from: natural causes \(\mathbb{Z}\), accident \(\mathbb{L}\), suicide \(\mathbb{L}\), homicide \(\mathbb{L}\), undetermined	[i.
23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER 23C. DATE SIGN	ED
Italley & Julachen M.D. ASSISTANT MEDICAL EXAMINER March 21,	1952
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)	(State)
Burial 3/22/52 Loudon Park Cem. Balto., Md.	
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL PIRECTOR	. /
MARZZ 1932 How to story Williams As & Scenar & Some	. /
VS 151 Substitution, mg 56364 Solto Md.	1



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: A. STATE B. COUNTY hefore admissi A. Baltimore City, Maryland hefore admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location (If outside corporate limits, write BURAL and give C. CITY OR TOWN INSTITUTION Yrs. (liferral, give location) Mos. Length of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED If Under 1 Year WIDOWED, DIVORCED (Specify) last hirthday) | Months: Days Hours: Min. 10A. USUAL OCCUPATION (Givekind of) 108 KIND OF BUSINESS OR 12. CITIZEN OF work done muring most of working life, even if retired) INDUSTRY Ph 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no of unknown) (if yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO. 18. INTERVAL BETWEEN DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES CATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ü

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

218. PLACE OF INJURY (e.g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.)

INJURY OCCUR?

(If in Baltimore City, give exact location)

21F. HOW DID INJURY OCCUR?

INJURY AT WORK

22. I hereby certify that I attended the deceased from Seven

deceased alive on Jon 13 195 2 and that death occurred at_ 23A. SIGNATURE

21E. INJURY OCCURRED

OF CEMETERY OR

, 1950, to Man 20, 195 2 that I last saw the 23B. ADDRESS

m., from the causes and on the date stated above. 23C. DATE SIGNED

20. AUTOPSY YES

DATE RECEIVED BY

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

21A. ACCIDENT WAS UNDER.

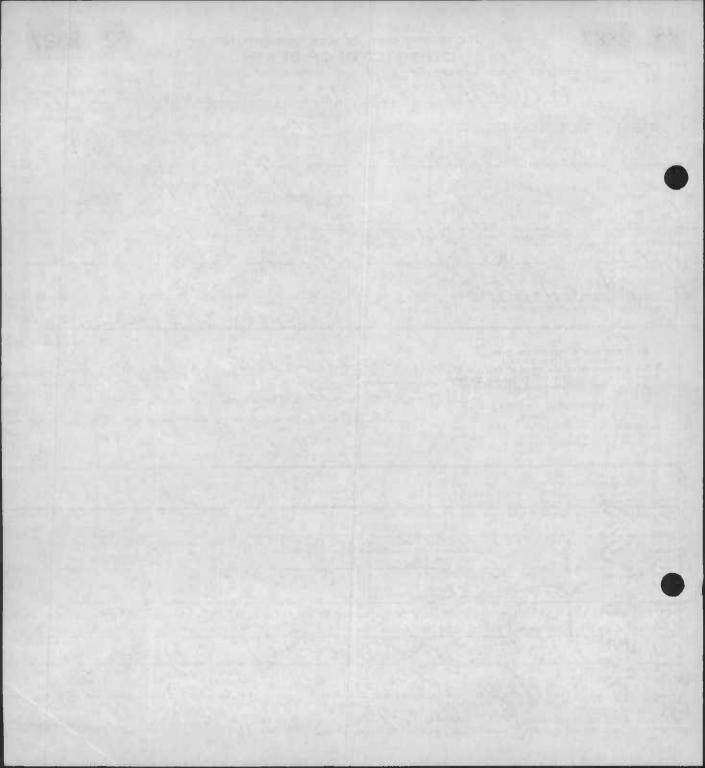
CAUSE OF DEATH

LYING OR CONTRIBUTING

D. TIME (Month) (Day) (Year) (Hour)

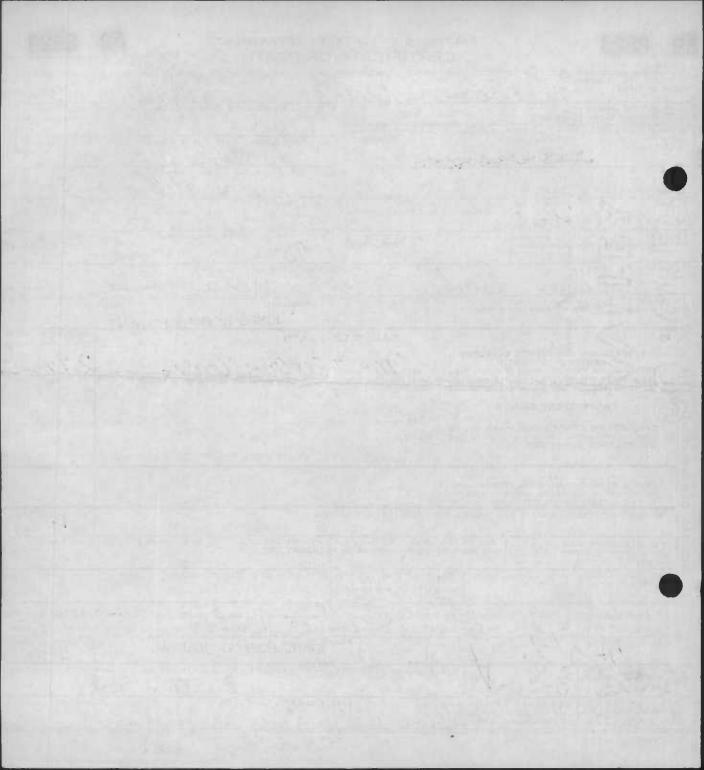
REGISTRAR'S SIGNATURE

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

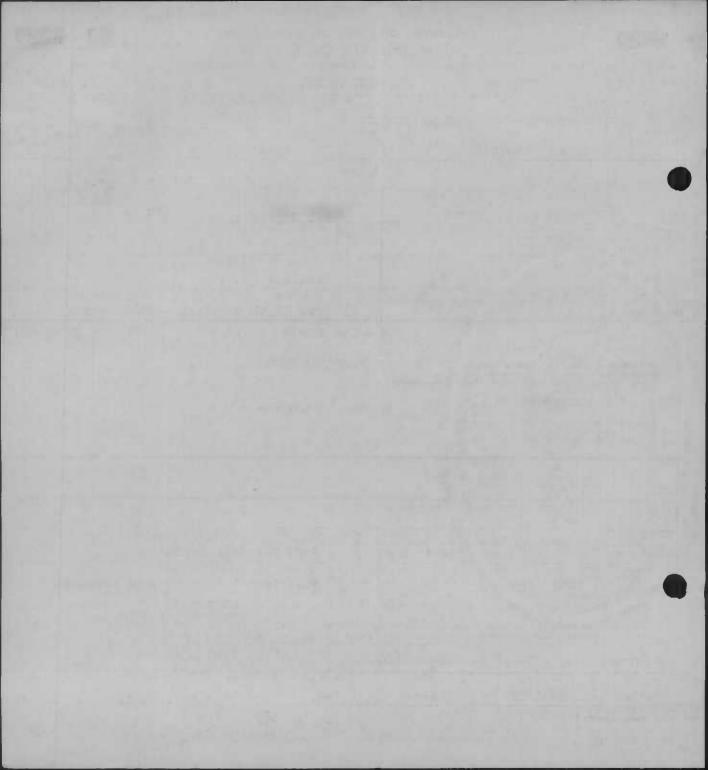
BIRTH NO.		
1. NAME OF DECEASED (Type or Print)	rle 2. DATE OF DEATH AN. 2/	1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If ingle A. STATE B. COUNTY	itution : residence pefore admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OF TOWN (If outside corporate limits, w.	rite RURAL and give
JOHNS HOPKINS HOSPITAL	Coaston.	township)
Yrs.	D. STREET ADDRESS (If paral, give location)	7A
c. Length of stay in Baltimore Mos. Days	1/3/ Higgins x	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARGHED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years Under list birthday) Months	Days Hours Min.
male bood	1-23-9/ 55	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BHRTH-PLAGE (State or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Alphen Carle	Kosella de	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDR	RESS
	JOHNS HOPKINS HOSPITAT	
	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	The comultance	27mm
heart failure, asthenia, etc. It means the disease,	a file to the second of the se	11000
injury or complication which caused death.) DUE TO		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		•
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
OTHER SIGNIFICANT CONDITIONS CON-		
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., c	n or 21c. WHERE DID (If in Baltimore City, give	exact location)
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., to CAUSE OF DEATH		that's activities
D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURR		
m. WHILE AT NOT WHILE AT WORK AT WORK	<u> </u>	
22. I hereby certify that I attended the deceased from &	/15 1951, to 3/2/, 1952ti	hat I last saw the
deceased alive on 3/2/, 1952, and that death occhr	rrea at 7m., from the causes and on the a	
A) Langton M. D.	OHNS HOPKINS HOSPITAL	3-21-52
24A. BURIAL GREMA 24B. DATE TION REMOVAL (Specify) 3-26-72 Canton	RY OR CREMATORY 24D. LOCATION (City, town, or o	county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR AD	DDRESS
MAN 22 1332 Huntington Wateras At 2	Leuris a Hanry	
VS 150	Cambridge me.	



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

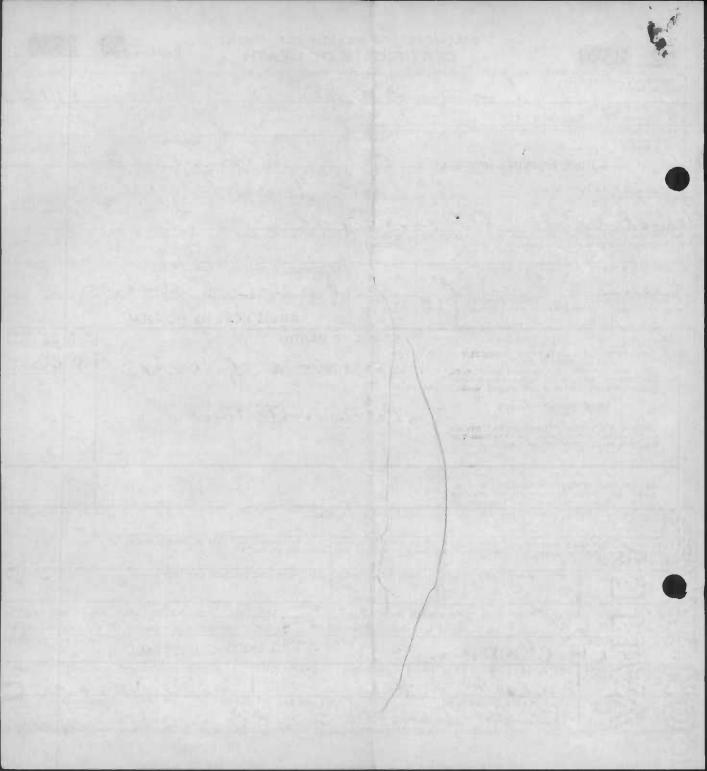
Registered No. 2 2829

1. NAME OF DECEASED 2. DATE (Type or Print) OF March 22, 1952 MEDARDO COLLA, SR. 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission) A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write KURAL and give INSTITUTION Mercy Hospital Vineland D. STREET ADDRESS (If rural, give location) Yrs. Mos. Walnut Road and East Ave. ength of stay in Baltimore Davs 7. SINGLE, MARRIED 9. AGE (In years If Under I Year If Under 24 Hours Jast birthday) Months. Days Hours Min. 6. COLOR OR RACE 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) male white married Aug. 30, 1874 / 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Give kind of) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Italy Farmer Self 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Luiga Colla Desolina Cechi 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO unknown Mrs. Edith Bagliani - 3503 Carsdale Ave. 00.0 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Fracture of skull (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES Subdural hemorrhage RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE GEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 19A. DATE OF OPERATION -21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING W OR CONTRIBabout home, farm, factory, street, office hidg., etc.) INJURY OCCUR? daughter's home 3503 Carsdale Avenue UTING IT CAUSE OF DEATH. 21F. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED FINJURY NOT WHILE WHILE AT Fell from bottom step to pavement March 19. 1952 8:00 P.m. WORK autopsy 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], accident [X suicide [], homicide [], undetermined []. 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24C NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) A4B. DATE Burial 25/52 Sacred Heart Cem. DATE RECEIVED BY 25 FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR



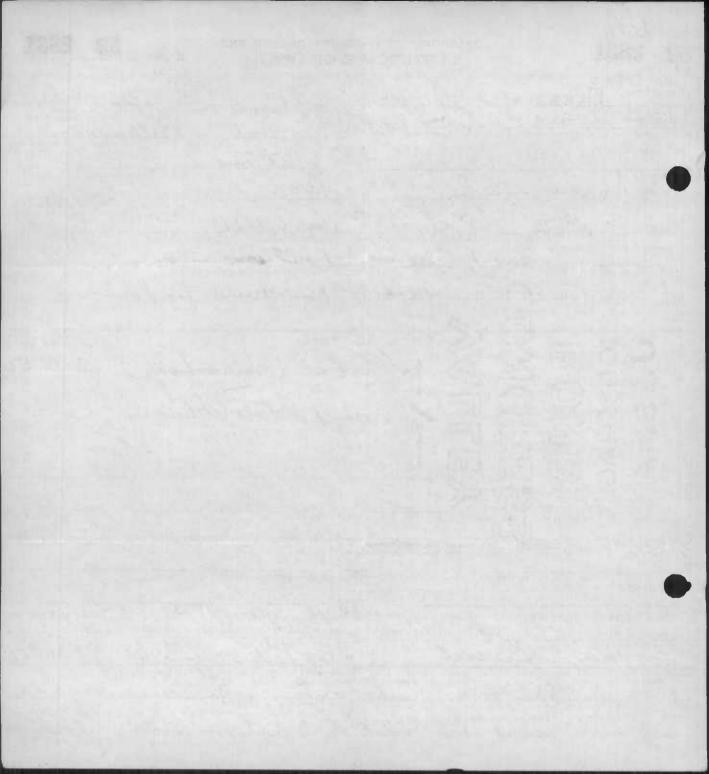
640	SALTIMORE CITY HEA	ALTH DEPARTMENT	/ 52	2830
ві 52 _{No.} 2830	CERTIFICATE	OF DEATH	Registered No.	2000
1. NAME OF DECEASED (Type or Print)	eva Du	orrell	2. DATE OF DEATH WAY	21,1952
a. Baltimore City, Maryland B. FULL NAME OF (If not in hopoital or inst	itution, give street address or location)	4. USUAL RESIDENCE (WA. STATE) C. CITY OR TOWN (If	B. COUNTY outside corporate limits, w	hefore admission)
JOHNS HOPKINS HO	COLTAI	West	minte	township)
Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If	rural, give location)	rd
5. SEX 6. COLOR OR RACE 7. SIN	GLE, MARRIED, DWED DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years it Und last birthday) Month	of I Yver M Under 24 Hours S Days Hours Min.
10a. USUAL OCCUPATION (Give kind of 10b. K	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	preign country) 12	. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no or unknown) (If yes, give war or dates of service		14. MOTHER'S MAIDEN NO	Osborn	RESS
(A. See, Blve war of dates of service	SECURITY NO.	JOHNS HOPK	INS HOSPITAL	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the disinjury or complication which caused do ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, G RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	e.g., (A) Carcuseath.) DUE TO (B) Pelni	noma of entactors	cerviy	S yo
OTHER SIGNIFICANT CONDITIONS				
OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT REL TO THE DISEASE OR CONDITION CAUSIN	ATED			
19A. DATE OF OPERATION 19B. MAJ	OR FINDINGS OF OPERA	TION		20. AUTOPSY?
LYING OR CONTRIBUTING about he	PLACE OF INJURY (e. g., in me, farm, factory, street, office bldg., etc		f in Baltimore City, give	exact location)
D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRE WHILE AT NOT WHILE AT WORK	D 21F. HOW DID INJURY	OCCUR?	
22. I hereby certify that I attended	the deceased from 3	red at 134 m., from t	he causes and on the S HOSPITAL	
24A. BURIAL. CREMA- TION, REMOVAL (Specify)	24C. NAME OF CEMETER		OCATION (City, town, or	county) (State)
DATE RECEIVED BY REGISTRAR'S SIGN. MAR 2 2 1952 Huntington	Williams, Apr.	25. FUNERAL DIRECTOR	rs 5005 PM	DDRESS CONTRACTOR

VS 150



CERTIFICATE OF DEATH

	RTH N	KO3T		CERTIFIC	ATE OF DEATH	Regist	tered No	WOOL
		Print) FRERE	URCER	Walter	Satt	2. DATE OF DEATH	21100 20	421/5
B. HC	Balti: FULL SPITA	e of DEATH: more City, Maryland	4803'	Homer On ation, give street address local	tion) c. CITY OR TOWN	l Sa	Itimore	before admission)
.	Leng	th of stay in Baltimore	e Lik	1	Vrs. D. STREET ADDRES		lient	
5.	SEX	6. COLOR OR RAI	CE 7. SING	LE. MARRIED. WED, DIVORCED (S	B. DATE OF BIRTH	9. AGE (ln y last hirthd	rears II Under 1 Y Hay) Months D	less I Under 24 Hours Days Hours Min.
10 work	A. USI	UAL OCCUPATION (Give kir tring most of working life, even if reti	ired)	ID OF BUSINESS OF INDUS		ate or foreign country)	12. CI W	TIZEN OF HAT COUNTRY?
13	EATH	Perein Jos. C	- Fre	etwiger	14. MOTHER'S MAIL	DEN NAME	Bath	
15 (Yes	. WAS	DECEASED EVER IN U.S. AR unknown) (If yes, give war or	MED FORCES? dates of service)	16. SOCIAL SECURITY N	17. INFORMANT	are co	ADDRES	SS
	18.	3314		CAU	SE OF DEATH			TERVAL BETWEEN
	he	DISEASE OR CONDITION TO DE LEADING TO DE L'ADRIGUE TO DE L'ADRIGUE DE	EATH de of dying, e means the dise	e. g., (A) (DE	rebal He	worksy	_	3.18.52
ATION	RI	ANTECEDENT C. ISEASES OR CONDITION ISE TO THE ABOVE CAUSE NDERLYING CONDITION	S, IF ANY, GIV		ustiges Arten	o Solein		
CERTIFIC	TI	THER SIGNIFICANT CO RIBUTING TO THE DEATH, I O THE DISEASE OR CONDIT	BUT NOT RELA	TED				
AL		DATE OF OPERATION		R FINDINGS OF	OPERATION			YES NO
EDIC	21A. HOM	ACCIDENT, SUICIDE,		LACE OF INJURY (e, farm, factory, street, office			e City, give ex	act location)
	1D.	TIME (Month) (Day) (Y NJURY	ear) (Hour)	21E. INJURY OCC	WHILE VORK	INJURY OCCUR?		
		I hereby certify that I cased Ave on MAR 2.	attended th	e deceased from		to MAR 21 from the causes an		t I last saw the
	23A.	SIGNATURE DI	Bube	est M. I	238. ADDREST	skight-	An MA	PATE SIGNED
		WOYAL (Specify)	1245-	24c. NAME OF CE	METERY OR CREMATORY	Day Veen	ty, town, are cou	entent
D/	TE R	DECICEDAD MI	AR'S SIGNA	173 / 6 8	25. FUNERAL DIRE	CTOR	JADDI 50 FELL	Litts
-	VS	3 150	0		16		3///	Tue



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE 3-22-52 DEATH S. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence B. COUNTY A. Baltimore City, Maryland before admission) Worcester B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION I mul res D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years If Under 1 Year last birthday) Months Days Hours Min. 5. SEX 8. DATE OF BIRTH manuel 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) PINDUSTRY WHAT COUNTRY executive 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Trade 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS 17 INFORMANT SECURITY NO. Nex VICEA Knewn INTERVAL BETWEEN 20,1 and CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Coronary Orclusion ? LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It menns the disease. injury or complication which caused death.) DUE TO arteriorderotic CYD ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONaround ы TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION Caremona prostate & extension to 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH-21E. INJURY OCCURRED | 21F. HOW DID INJURY OCCUR? ID. TIME (Month) (Day) (Year) (Hour) NOT WHILE! 3-22 1952 that I last saw the 3 -1 . 1952 to 22. I hereby certify that I attended the deceased from_ deceased alive on 3-22, 1952, and that death occurred at 2:05P m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS University Hosp, Balto-1, md. 23c. DATE SIGNED of Hankus 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY 24B. DATE

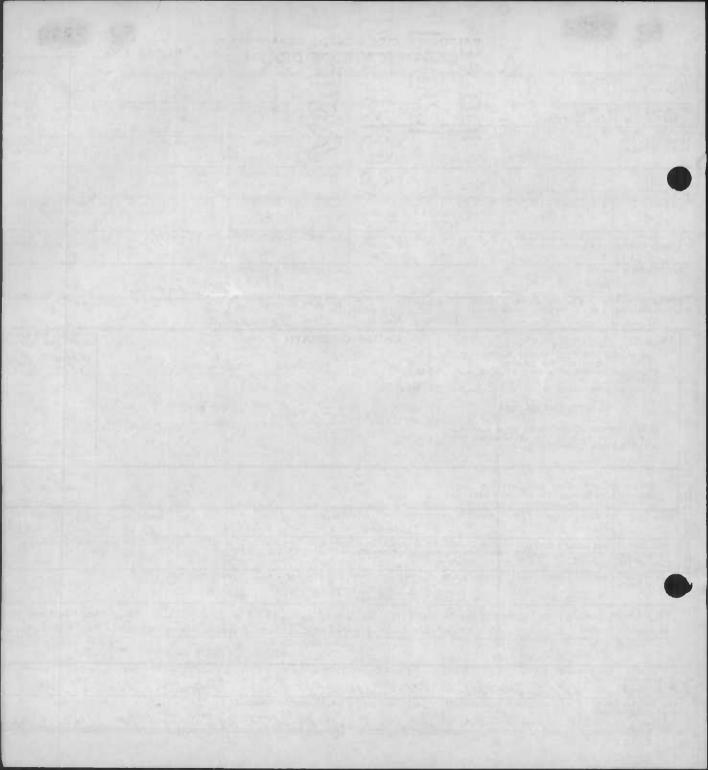
CEMOVAL DATE RECEIVED BY

SNOW

REGISTRAR'S SIGNATURE untington

VS 150

SIVON HILL



BALTIMORE CITY HEALTH DEPARTMENT 2833 CERTIFICATE OF DEATH 1. NAME OF DECEASED MOSES 2. DATE Peter DEATH March 2 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : residence Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or me HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION O. STREET ADDRESS (If rural, give location) Mos. 5 months ength of stay in Baltimore Days madism 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE AGE (in years AGE (in years | | Under | Year | | | Under 24 Hours | last birthday) | Months: Days | Hours | Min. Angle 10A. USUAL OCCUPATION (Give kind of 10B. KING OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Columbia Steel Co. Crane Operator mania 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rom 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMAN ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) 568-03-1778 John Raman, 716 Taylor Ave. Hubbard. Ohio no CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? EDICAL YES 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from march 2/ , 1952 to March 2/ , 1952 that I last saw the deceased alive on mark 1/, 1952 and that death occurred at 730 fm., from the causes and on the date stated above. 23A. SIGNATURE 23B, ADDRESS 23c DATE SIGNED Ceuril Stermelil

Maple Grove Cemetery

24c. NAME OF CEMETERY OR CREMATORY | 240 LOCATION (City, town, or county)

Hubbard, Ohio

25. FUNERAL DIRECTOR Schimunek Funeral Home, Inc.

2601-3-5 E. Madison St.

VC 150

24A. BURIAL, CREMA-

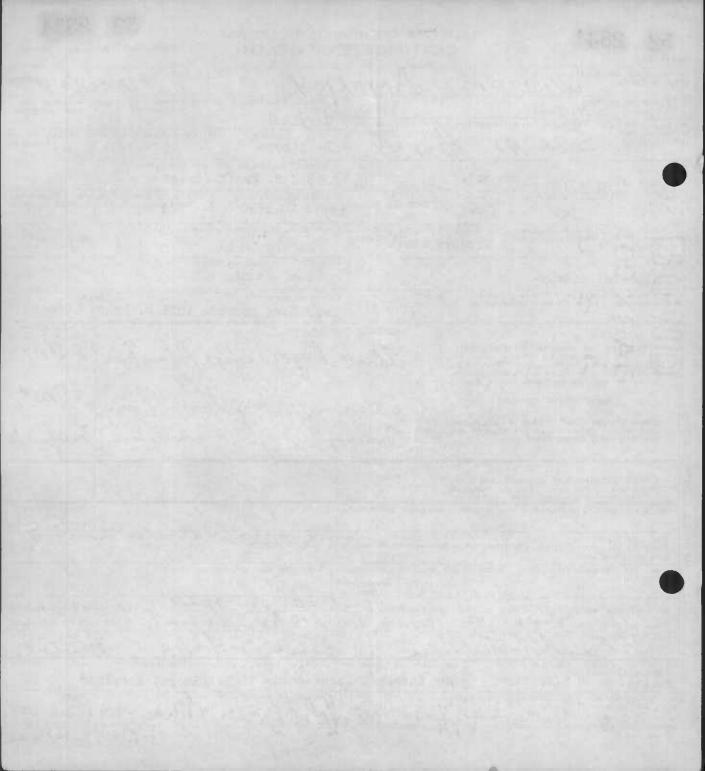
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DATE RECEIVED BY

3/22/52

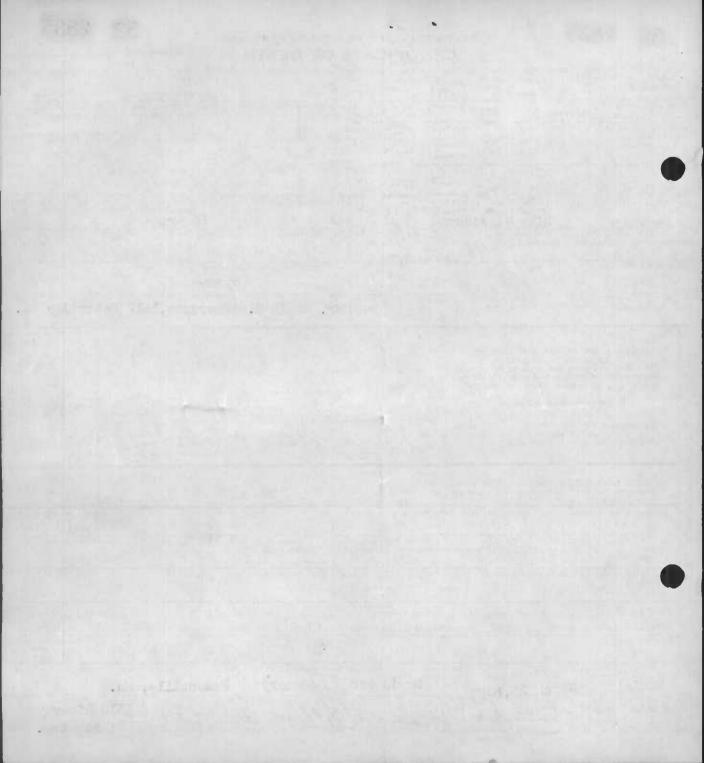
REGISTRAR'S SIGNATURE

562	. k	
52 2834 BALTIMORE CITY HI	EALTH DEPARTMENT 52 2834	
CERTIFICAT	E OF DEATH Registered No	
BIRTH NO.		
(Type or Print) WILLIAM AMO	RKY DEATH MARCH 21,19	952
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution : residen A. STATE B. COUNTY before admi	
B. FULL NAME OF (If not in hospital or institution, give street address or	Maryland	
HOSPITAL OR INSTITUTION SINAL AND INCREMENTAL INCREMEN	(If outside corporate finite, write RORAL an	nd give
-111/1/05/11/AC	Dal Cimole 2 - U	
Yrs. Mos.	D. STREET ADDRESS (If rural, give location) 1816 E. Pratt Street	
Days	1	0.4 10
5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED. WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9. AGE (In years Months Days Hours last Tthday) Pept. 20, 1890	Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR ork done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUN	ITPV
Proprietor Grocery Store	Russia USA.	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Michalel Amorky	Gitel Sommer	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Yes, no or anknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS	
	Mrs. Dora Amorky- 1816 E. Pratt Street	
18. 42011 CAUSE	OF DEATH INTERVAL BET ONSET AND CONSET AND C	WEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	La Muse 1:00 / L: 12 DA	70
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	re 1190 carmax referesion 2011	1)
injury or complication which caused death.) DUE TO		
ANTECEDENT CAUSES (B) Coron	nangliky humbosis 2 DAY	5
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	F 1 21: 0 . 0 . 6:	2
UNDERLYING CONDITION LAST.	angliten likursclerous Indefen	-fl
OTHER SIGNIFICANT CONDITIONS CON-		
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20, AUTOPS	SY?
		10
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, etreet, office bldg.,	is or 21C. WHERE DID (If in Baltimore City, give exact location outc.) INJURY OCCUR?	.)
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	RED 21F. HOW DID INJURY OCCUR?	
INJURY WHILE AT NOT WHILE AT WORK AT WORK		
22. I hereby certify that I attended the deceased from 16-		on the
deceased alive on March 11 1952 and that death occur	rred at 10 Am., from the causes and on the date stated a	bove
	23B. ADDRESS /) / 23c. DATE SIG	
Ell and then It len 4.0.	Suna Grafatha Muschil	
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	SF ARD	state)
Burial 3/23/52 Ohr Knesseth		
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNER DIRECTOR ADDRESS	-
MAP > 3 1257 Tuntington Volumes 19	Jel oflusion 9 1000 - 1124-26 1	U.
VS 150	North ane	ule
2	9064	



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

CERTIFICAT	E OF DEATH Registered No.	
BIRTH NO.		
(Type or Print) MRS. ANGELIA KICHAK	2. DATE OF 3/3 8	2/52
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If ins	titution : residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)		
INSTITUTION MEXCY HUSP.	c. CITY OR TOWN Of (If outside corporate limits, w	township)
Length of stay in Reltimore 33 yrs Mos.	D. STREET ADDRESS (If rural give location)	7.7
c. Length of stay in Baltimore Days	1312 FENTRAGE 10	
WIDOWED DIVORCED (Specify)	Cont 10 108 (last birthday) Month	let I Year II Under 24 Hours ns Days Hours Min.
/emale / hite Widowed	11/BIRTHPLACE (State or foreign country) 12	CITIZEN OF
rock done during most of working life, even if retired) At Amul.	Hlinais	WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	a i s
seprel douth	Unknown	
15. WAS DECEASED EVER IN U, S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Mr. Earla S. Richardson, 1512 78	ntridge Rd.
18. The CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	1	ONSET AND DEATH
(This does not mean the mode of dying, e.g.,	iae oulive	de hrs.
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO		
ANTECEDENT CAUSES	pot the	1 10%
Z (B) (C)	pering constraine	1 our
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	tole o Hand	
ONDERLYING CONDITION LAST.	restant Us Tues	way wa
OTHER SIGNIFICANT CONDITIONS CON-	21 to a det	
TO THE DISEASE OR CONDITION CAUSING IT.	of coope in	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?
21a. ACCIDENT WAS UNDER- 21B. PLACE OF INJURY (6. g., i	n or 21c. WHERE DID (If in Baltimore City, give	YES NO X
LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., cause of DEATH	n or 21C. WHERE DID (If in Baltimore City, give etc.) INJURY OCCUR?	exact location)
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR INJURY	ED 21F. HOW DID INJURY OCCUR?	
m. WHILE AT NOT WHILE		
22. I hereby certify that I attended the deceased from 3/	2/ 1952 to 3/22 1954	hat I last saw the
deceased alive on 3/22/52, 19 , and that death occur		
23A SIGNATURE 2		23C DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 240 LOCATION (City, town, or	
TION, REMOVAL (Specify)	ge Semetery Pikesville, Md.	
DATE RECEIVED BY REGISTRAR'S SIGNATURE	26 DONERAL DIRECTOR 4510	DDRESS Liberty
WAR 23 1932 Tunfingfore Williams Mos	Malas Cullo / Call He;	hts Ave.
VS 150		



BALTIMORE CIT) HEALTH DEPARTMENT BUREAU OF VITAL RECORDS

REQUEST FOR CORRECTION OF PERSONAL PARTICULARS ON CERTIFICATE OF DEATH

INSTRUCTIONS

- 1. This form will be accepted only from licensed funeral directors.
- 2. This form is to be used in those cases where the funeral director finds that certain additions or corrections should be made on the original death certificate completed either by the Medical Examiner, private physician or hospital.
- 3. The funeral director MUST complete Items 1, 2, 3 and 17 of this form, in every case.
- 4. Place an "X" to the left of the item which should be added or corrected on the original certificate of death and write the correct information in the space provided therefor.
- 5. This form will NOT be accepted unless it is accompanied by the original certificate of death at the time of filing, or, unless it is submitted to the Bureau of Vital Records within thirty (30) days from the date of filing of the original certificate of death.
- 6. This form must be completed in duplicate in all Medical Examiner cases. The duplicate copy will be sent to the Chief Medical Examiner's office for the completion of his records.

			Registered	No	
x	1. NAME OF DECEASED (TYPE OR PRINT) Angela L. R:	icha rds on	2	2. DATE OF DEATH March 22, 19	52
	3. PLACE OF DEATH: A. BALTIMORE CITY, MARYLAND		4. USUAL RESIDE A. STATE	NCE (WHERE DECEASED LIVED, IF INSTITUTI B. COUNTY	ON RESIDENCE BEFORE
	B. FULL NAME OF (IF NOT IN HOSPI HOSPITAL OR INSTITUTION Mercy Hospi	ital	C. CITY OR TOWN	(IF OUTSIDE CORPORATE L	JMITS, WRITE RURAL AND GIT TOWNSHIP
(in	TH OF STAY IN BALTIMORE	YRS. MOS. DAYS	D. STREET ADDR	ESS (IF RURAL, GIVE LOCATION)	
	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY)	8. DATE OF BIRTI	H 9. AGE (IN YEARS IF UNDI	ER I YEAR IF UNDER 24 HOU DAYS HOURS MIN.
	10A. USUAL OCCUPATION (GIVE KIND OF WORK OONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE ((STATE OR FOREIGN COUNTRY)	12. CITIZEN OF WHAT COUNTRY
	13 FATHER'S NAME		14. MOTHER'S MA	NIDEN NAME	
	15. WAS DECEASED EVER IN U. S. ARMEE (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DAT		16. SOCIAL SECURITY NO).	
7. Nam	e of Informant	Relationship	A	ddress	
	Mr. Earle S. Richards	on Son	1512	Pentridge Road	

CERTIFICATION BY FUNERAL DIRECTOR

Date	March	22	19_	52

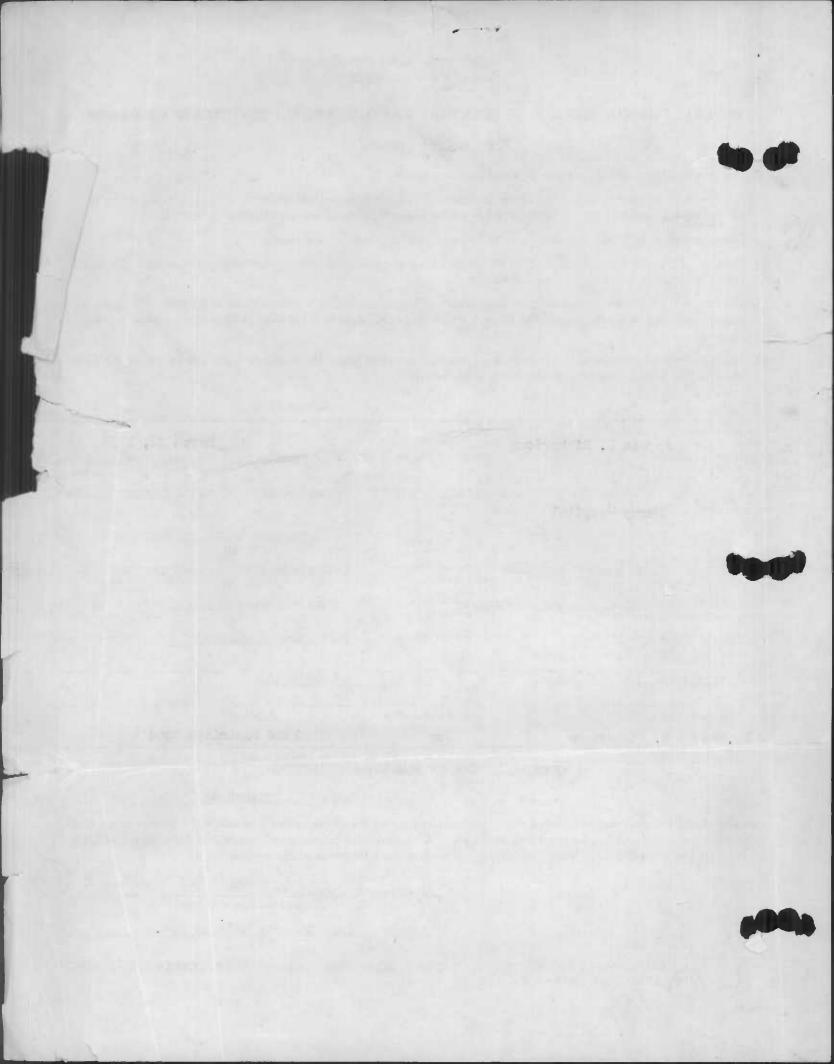
I hereby certify that the information listed above was furnished me by the above-named informant and is correct to my best knowledge and belief and that the items indicated by an "X" mark should be added or corrected on the original certificate of death filed with the Bureau of Vital Records, to conform with the information appearing hereon.

Signature (Licensed Funeral Director)

Address 4510 Liberty Heights Ave.

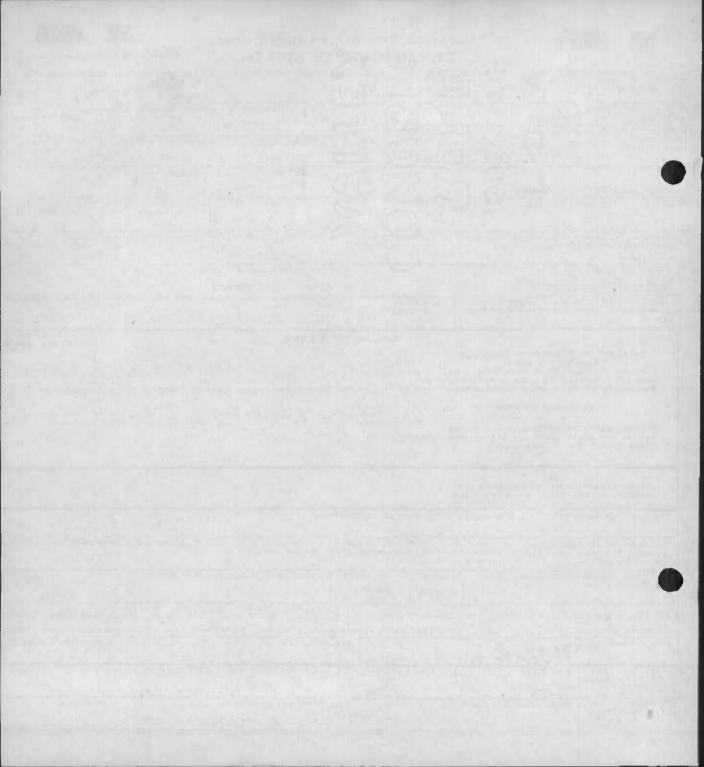
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THE BUREAU OF VITAL RECORDS RESERVES THE RIGHT TO REQUIRE DOCUMENTARY EVIDENCE IF THE NATURE OF THE CORRECTION WARRANTS IT.



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIR	TH NO.		the fee	CERTIFICATI	E OF DEATH	registered reg	
1. N	IAME OF D					2. DATE	
			Emma E	stelle Hobday			21, 1952
	LACE OF D	City, Maryland			4. USUAL RESIDENCE (W.	here deceased lived. If ins	stitution : residence before admission)
B. F	ULL NAME		al or institut	ion, give street address or	Manager T.		
	FITAL OR			location)	c. CITY OR TOWN (If	outside corporate limits, v	write RURAL and give
	(4)	1330 W.	ulst St		Baltimore	15-0	O
			/-	Yrs. Mos.	D. STREET ADDRESS (If r		
		tay in Baltimore	60 ye	ars Days		1st Street	
5. S	EX	6. COLOR OR RACE		E. MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years I Um last birthday) Month	der I Year If Under 24 Hours hs: Days Hours Min.
	emale	White	Marr	ied	March 6, 1882	70	
10A.	USUAL OC one during most o	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country) 12	CITIZEN OF WHAT COUNTRY
	t Home				Maryland		USA
	FATHER'S N				14. MOTHER'S MAIDEN NA	ME	
		Ambrose			Mary E. Schwart	Z	
15. (Yes, 1	WAS DECEASI	ED EVER IN U. S. ARMEI (If yee, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ADD	RESS
N	0				Allen B. Hobday	1330 W. 41s	st Street
1	8. 1/	0.1		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	SE OR CONDITION	DIRECTLY				ONSET AND DEATH
	(This does	LEADING TO DEA'	of dying, e. s	c., (A)	ronery Thrombos	is	5 lin.
	heart failu injury or	rc, asthenia, etc. It mea complication which	ns the discas aused death	e, .) DUE TO			
		ANTECEDENT CAUS	FS				
z				(B) Card	io-Renal-Vascul	ar Disease	lo Yrs
NOLL	DISEASES	S OR CONDITIONS, I	F ANY, GIVIN	IG			
A	UNDERLY	TING CONDITION LA	ST.	(C)			
H =				(0)			
ERTIFICA	OTHER S	IGNIFICANT CONDI	TIONS COM	J.			
	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D			
0		N 10 10 10 10 10 10 10 10 10 10 10 10 10		FINDINGS OF OPER	RATION		20. AUTOPSY2
AL							YES NO A
EDICAL	21A. ACCID	ENT WAS UNDER-	218. PL	ACE OF INJURY (e. g., i	n or 21c. WHERE DID (If	in Baltimore City, give	e exact location)
	LYING[] OF	R CONTRIBUTING DEATH	about nome,	arm, ractory, etreet, omce bidg.,	INJURY OCCURY		
Σ	p. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
D.	INJURY		m.	WHILE AT NOT WHILE			
	22 I banah	as consider that I at			arch 19 1051 to Ma	rch 21 162	that I last one the
	22. I hereby certify that I attended the deceased from Narch 19, 1951, to March 21, 152, that I last saw the deceased alive on Narch, 23, 52 and that death occurred at 2 Pm., from the causes and on the date stated above.						
	23A. SIGNA		,^13		3B. ADDRESS		23c. DATE SIGNED
		JATYL	Pass	M. D.	617 W. 40th St		3/22/52
24A	BURIAL, C	CREMA- 24B. DATE		24c. NAME OF CEMETE		CATION (City, town, or	county) (State)
HON	REMOVAL (S Burial	March 25	1952	Woodlawn	Balt:	imore Co. Mar	vland
	E RECEIVE	D BY REGISTRAR			25. FUNERAL DIRECTOR		DDRESS
Log	ALREGIST	50 H +	inston	Williams, 15	Burgee Funeral To	ome 3631 Fal	ls Road
	VS 150	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0 1	5 1	7 2 3 3		



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 2837

Registered No.

BI	RTH NO.						
1. NAME OF DECEASED (Type or Print) John Wesley Hahn						2. DATE OF DEATH MARC	ch 20, 1952
Α.	PLACE OF D Baltimore (FULL NAME	City, Maryland	al or institut	ion, give street address or	4. USUAL RESIDENCE (WA. STATE Maryland		. If institution: residence
H	SPITAL OR STITUTION	606 W. 36t	5	location)			mits, write RURAL and give township)
C.	Length of s	tay in Baltimore	17 :	years Yrs. Mos. Days	D. STREET ADDRESS (If 606 W. 36	rural, give location) oth Street	
	Male	6.COLOR OR RACE White	Widow	E. MARRIED. /ED, DIVORCED (Specify) WET	S. DATE OF BIRTH April 16, 1861	9. AGE (In years last birthday)	If Under 1 Year If Under 24 Hours Months Days Hours Min.
10 work	A. USUAL OC done during most Machini	CUPATION (Give kind of of working life, even if retired)	Retir	of Business or INDUSTRY ed 20 years	11. BIRTHPLACE (State or for Maryland	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13	. FATHER'S N				14. MOTHER'S MAIDEN NA	AME	
15 (Yes	. WAS DECEASI	ED EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	Sarah		ADDRESS
	No 18. 11 7	~		gage based damp	Miss Grace Hahn OF DEATH	1511 Bolto	on Street
FICATION	(This does heart failu injury or	SE OR CONDITION LEADING TO DEA not mean the mode of re, asthenia, etc. It mea complication which of ANTECEDENT CAUS SOR CONDITIONS, II HE ABOVE CAUSE (A) VING CONDITION LA	TH If dying, e. g ns the diseas eaused death SES F ANY, GIVIN STATING TH	(A) MU e, DUE TO	ja Cardin	Shrzeh	ONSET AND DEATH
CERTIF	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	D			
AL	19A. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
MEDICA		ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLA about home, f	ACE OF INJURY (e. g., in arm, factory, street, office bldg., e	n or 21c. WHERE DID (I otc.) INJURY OCCUR?	f in Baltimore City	y, give exact location)
	D. TIME	(Month) (Day) (Year)		21E, INJURY OCCURRI	Dusse M	sarly	,
	22. I hereb deceased al 23A. SIGNA	live on 1/2/1/26	ended the	deceased from	red at 90 P.m., from to 3B. ADDRESS ON	le causes and on	that I last saw then the date stated above.
24 TIC	A. BURIAL (S N. REMOVAL (S Burial	EREMA- 248 DATE pecify) March 21	7.952	Mount Olive	. //	ocation (City, townover, Penns	wn, or county) (State) Sylvania
DA Lo	AR 2 3 10	D BY REGISTRAR'	SSIGNATU		25. FUNERAL DIRECTOR Burgee Funeral H		ADDRESS Falls Road
	VS 150	1,000	0		2 Harris Of Buy	nase)	

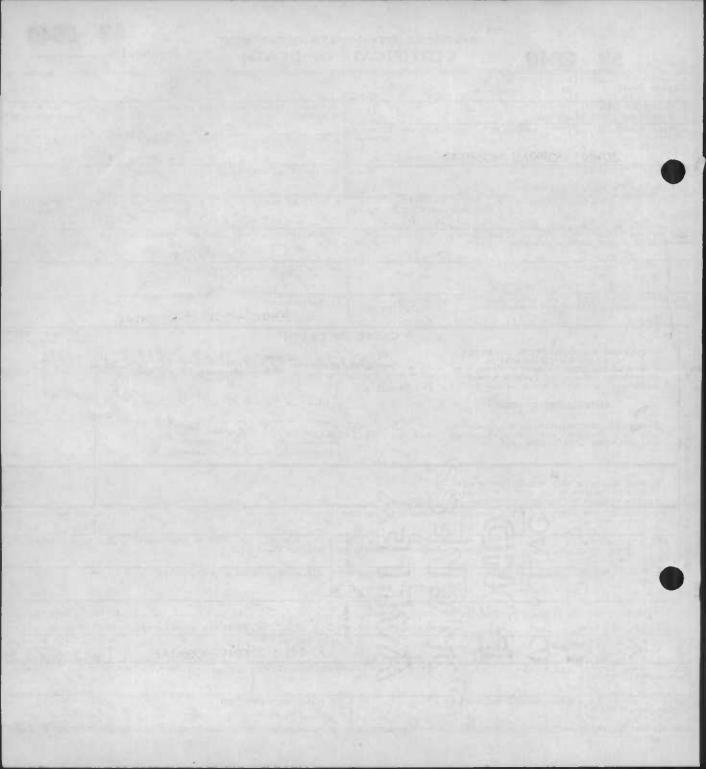
Le les & Symmetrisis

5	20							2028
	52	2838	ВА		EALTH DEPARTMENT			2838
BII	RTH NO.			CERTIFICAT	E OF DEATH	Registered	No	
	NAME OF pe or Print)		NA	HENEKA		oF DEATH 3/2	1/52	
A.		City, Maryland	Bal	to	4. USUAL RESIDENCE (WA. STATE	here deceased lived, I B. COUNTY		n : residence fore admission)
HC	SPITAL OR	- 0 /	pital or institu	ition, give street address or location)		outside corporate limi	ts, write R	URAL and give
	8324	There	y pur	no Home	BALTIMORE	2-6-	03	township
	noth of	stay in Baltimore	130	ette Lif Mos.	3308 Chest	rural, give location)	5 au	e
5.	SEX	6. COLOR OR RAC	E 7. SINGL	LE, MARRIED. WED, DIVORCED (Specify)	8 DATE OF BIRTH	9/AGE (in years last birthday) M	If Under 1 Year on the Day	
	F	I W	M	downs	Jan 16 1884	6840		
work	done during mos	CCUPATION (Give kin it of working life, even if retin	dof IOB, KIN	D OF BUSINESS OR	Balto	Tuel	12. CITI WHA	IZEN OF AT COUNTRY
13	FATHER'S	NAME 0	•	1	14. MOTHER'S MAIDEN N	AME		
15	Just	ar D	el ge	1 10 500111	Hors Not	Muow		
(Yes	no or unknow	SED EVER IN U.S. ARI	lates of hopvice)	16. SOCIAL SECURITY NO. 2/7-22-676	3 his Charles	Belgner	DDRESS 208	hild
	18.42	0.1		CAUSE	OF DEATH	0	ONS	ANO DEATH
		LEADING TO DE	EATH	7	Mus . D 0 5	1 1 - 1 -	50.	
	heart fai	cs not mean the mod lure, asthenia, etc. It r r complication which	neans the disea	ase,	1			
	,	ANTECEDENT CA		11		0 1/ 0	7	
Z O	DISEAS	ES OR CONDITIONS	, IF ANY, GIV	ING (B)	Irlensive (als	Lis-Vasenta	-	
ATIC	RISE TO	THE ABOVE CAUSE (A) STATING 1	THE OUE TO		5,5-4		
FIC				(C)				
RTI		SIGNIFICANT CON			0 10 -0	~		7
O	TO THE	DISEASE OR CONDIT	ON CAUSING	ІТ. 191	ad kloniples	ra.	1.00	AUTOPSY?
AL	19A. DATE	OF OPERATION	198. MAJO	R FINDINGS OF OPE	RATION		YES	
EDIC		DENT WAS UNDER OR CONTRIBUTING	2 42	ACE OF INJURY (e. g., e, farm, factory, street, office bldg.		lf in Baltimore City,	give exac	t location)
Σ		(Month) (Day) (Ye	ear) (Hour)	21E. INJURY OCCURE	RED 21F. HOW DID INJUR	Y OCCUR?		
	INJUR		m.	WHILE AT NOT WHILE			127.0	
	22. I here	by certify that I	attended th	c deceased from	. , 1950, to	, 19.5	2, that I	last saw th
	deceased		7 , 1952	. and that death occu	erred at 950 A m., from t	he causes and on	lhe date	stated above
	Stand	Ray K Jo	Denbo	ch M.O.	3334 Dolfiel	d Ive 35	5 3/2	1/52
24 TIC	A. BURIAL,	(Specify) 24B. DAT	E (/)	24C. NAME OF CEMETI	n - 16	Sally	Le L	y) (State)
D.	TE RECEIV	ED BY REGISTRA	AR'S SIGNAT	TURE TO THE	25. FUNERAL DIRECTOR	Jaco)	ADDRE	SS
LC	CAL REGIS		ingrow /	Villiaus 1433	In Item	Adon 1	ento	icky an
	VS 150	- 1000	01	9520	(10 2 8 3	5.1.		1
	*	Dr. Hinnel	factor - re	equelar physicia	- associate of B	to steinhall		

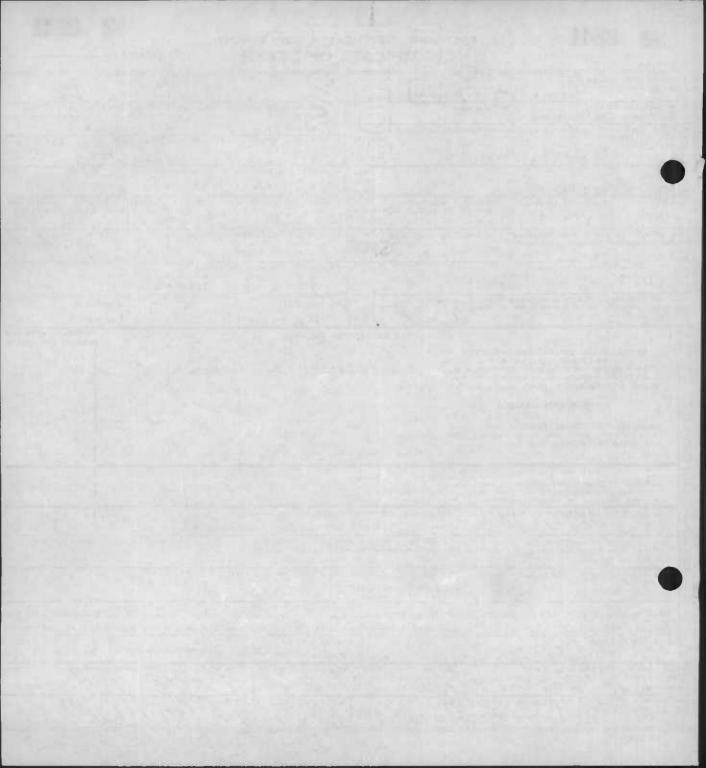
population - Released &	Top Tokeapper
1000	RTMENT
BIRTH NO. CERTIFICATE OF DEA	TH Registered No. 2839
1. NAME OF DECEASED (Type or Print) Prenda Hall	2. DATE OF DEATH 3-21-5-2
A. Baltimore City, Maryland / A. STATE	DENCE (Where deceased lived, If institution: residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL C. CITY OR TOW	VN (If outside comporate limits, write RURAL and give township)
Yrs. Mos.	RESS (If rural, give location)
c. Length of stay in Baltimore Days 6. COLOR OF RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) B. DATE OF BIR	TH 9. AGE (In years 11 Under 1 Year 11 Under 24 Hours last birthday) Months; Days Hours Min.
Teugle While Sugar 11-21	6 - 48 ast Dirthday) Months Days Hours Min. E (State or foreign country) 12. CITIZEN OF
work done during most of working life, even if retired) None None Ashling	KV. WHATCOUNTRY?
Estil Hall Lauise	Stephenson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yos, no or unknown) (If yes, give war or dates of service) SECURITY NO. JOHN	ADDRESS
18. Eq. 16.0 CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	15
ANTECEDENT CAUSES CERTIFICATIO	N APPROVED BY
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	K- Deulaster
CHIEF OR JOST	MEDICAL EXAMINER.
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCC	
CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW D	Stephens Cand Mear
m. WHILE AT NOT WHILE PLA	ying mean Bitchen stook
deceased alive on 3 - 21 - 1952 and that death occurred at	7. to 3 - 21 - , 1953 that I last saw the n., from the causes and on the date stated above.
23A. SIGNATURE 1 1 1 A A A A A A A A A A A A A A A A	PKINS HOSPITAL 23c, DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATOR	
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FONERAL D	IRECTOR APPRESS
LOGALREGISTISS2 + tington Williams, Mar 10:11.	Singleton Hender
VS 150 N 949, 2	0/

DISTRIBUTED OF THE PROPERTY OF E 516

1 / N. Case	EALTH DEPARTMENT 52 2840					
BIRTH NO. 52 2840 CERTIFICATE OF DEATH Registered No.						
1. NAME OF DECEASED (Type or Print) 2. DATE OF DEATH OF						
a. Baltimore City, Maryland / H-2/H 6P 6	4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission)					
B. FULL NAME OF (If not in hospital or institution, give street address o HOSPITAL OR location INSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give					
JOHNS HOPKINS HOSPITAL Yrs.	D. STREET ADDRESS (If rural, give location)					
c. Length of stay in Baltimore Days	S. STREET ADDITION (A Total of the Total of					
15. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED DIVORCED Specify	10-19-51 5					
10a. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired) // One	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS					
(Yes, no or uoknown) (If yes, give war or dates of service) SECURITY NO.	JOHNS HOPKINS HOSPITAL					
CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH CERTIFICATION APPROVED BY AND OBATH CERTIFICATION APPROVED BY AND OBATH CERTIFICATION APPROVED BY AND OBATH COMMENT AND OBATH CERTIFICATION APPROVED BY AND OBATH COMMENT AND OBATH CERTIFICATION APPROVED BY AND OBATH COMMENT AND						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (B) (C) OHIEF ON ASST, MEDICAL EXAMINER						
TO THE DISEASE OR CONDITION CON-						
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTO YES 21a. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 1NJURY OCCUR?						
						D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF
22. I hereby certify that I attended the deceased from						
	rred atm., from the causes and on the date stated above.					
Koket E. Appleham. D.	JOHNS HOPKINS HOSPITAL MONEY 22.5					
24A. BURIAL, GREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)						
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR MAR 2 3 1952 Landington Williams M.P. 25. FUNERAL DIRECTOR ADDRESS MAR 2 3 1952 Landington Williams M.P. 25. FUNERAL DIRECTOR						
VS 150						

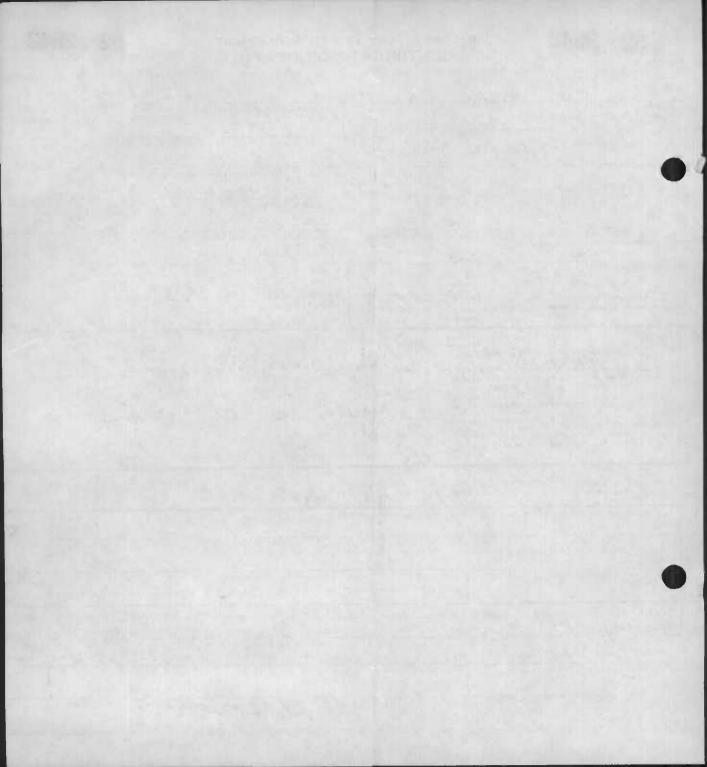


	1714	100 111	CERTIFICAT	E OF DEATH	Registered No.	
1	. NAME OF				2. DATE	
(Type or Print) Thomas F. Hummel				DEATH 3-20-5-2		
				4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. STATE B. COUNTY before admission)		
H	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)			C. CITY OR TOWN (If outside corporate limits, write RURAL and give		
N.	Institution University Hospital			Baltimore-16 /5-03 township)		
46 Yrs.			D. STREET ADDRESS (If rural, give location)			
c. Length of stay in Baltimore Mos. Days			1606 N. Smallwood St.			
Male 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify)			8. DATE OF BIRTH 9. AGE (In years If Under I Year Months Days Hours Min. 1906 1906			
WOI	OA. USUAL Corkdone during mo	occupation (Give kind of stof working life, even if retired)	Contracting SEL	11. BIRTHPLACE (State or fore	ign country) 12	WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME			
William A. Hummel			Anna L. Tuohy			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no brunknown) (If yas, give war or dates of service) SECURITY NO.			17. INFORMANT	ADD S & I	RESS	
	18. / 6 %	× .	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISE	ASE OR CONDITION LEADING TO DEAT	DIRECTLY			
	(This do	es not mean the mode of ilure, asthenia, etc. It mea	f dying, c. g., (A)	cinoma Lux	20/	12 mos.
	injury o	or complication which c	aused death.) DUE TO		O	
z		ANTECEDENT CAUS				Edward
NOIL	RISE TO	ES OR CONDITIONS, IN	F ANY, GIVING STATING THE DUE TO			
CA	UNDER	LYING CONDITION LA	ST. (C)		•••••••••••••••••••••••••••••••••••••••	
ERTI	TRIBUTI	SIGNIFICANT CONDI	NOT RELATED			
0	194 DATE	OF OPERATION 1	9B. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
CAL	3 - :	26-52	Carcinoma Lef	+ lung (moper		YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21B. PLACE OF INJURY (a. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?						
-	P. TIME	(Month) (Day) (Year)		ED 21F. HOW DID INJURY	OCCUR?	
			m. WHILE AT NOT WHILE AT WORK			
22. I hereby certify that I attended the deceased from 3 - 4, 1952, to 3 - 20, 1952, that I last sa deceased alive on 3 - 20, 1952, and that death occurred at 9 pm., from the causes and on the date stated a						
		ATURE A 1		rred at 7 m., from the		date stated above 23c. DATE SIGNED
	J. K.	K. Spiral	M. D.	University H	aspilal	3-70-52
TI	PEMOVAE	(Specify) 3-24-	1 2 Ad. NAME OF GEMETE	RY OR CREMATORY 240. KOC	action (City, townsor	county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S MULLIAGUES MAN AND MAN AN						
VS 150						



Registered No. 2842

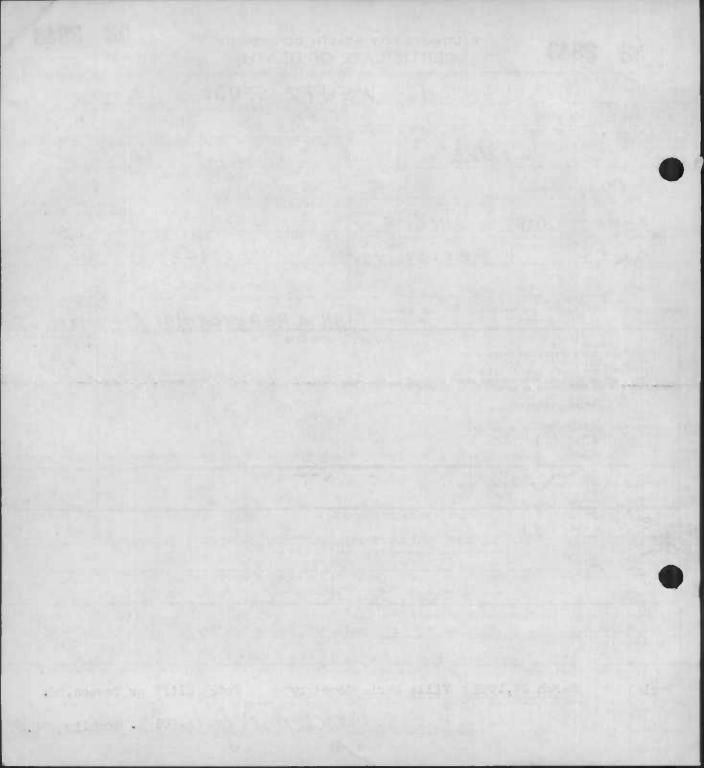
BIRTH NO.	
1. NAME OF DECEASED (Type or Print) MR. HARRY FRAN	12. DATE 0F 0F DEATH 3-21-52
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street addr	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission.
	action) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township
T 11 C 1 2 D 11	Yrs. D. STREET ADDRESS (If rurul, give location) Culture Of the Days E36/ANDCE Aprs.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (S	8. DATE OF BIRTH 9. AGE (In years) Il Under I Year Il Under 24 Hours
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRIANCE	DR 11. BIRTHPLACE (State or foreign country) 12. CIT CEN OF
MOSES FRANK	14. MOTHER'S MAIDEN NAME ISAbElla Coheu
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY ?	NO. 17. INFORMANT ADDRESS Dr. Trin Mayer Esplandes Asta.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	Line Deline Corner Deline Corner Deline Corner Deline Corner Deline Corner Deline Corner Triseau
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF	OPERATION 20, AUTOPSY?
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office	
O. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURNING WHILE AT NOT WORK AT WORK	WHILE WORK 21F. HOW DID INJURY OCCUR?
deceased align on MAR. 21, 1952, and that death of 23A. SIGNATURE	MAR. 15, 1955, to MAR 21, 1972, that I last saw the occurred at 945 P.m., from the causes and on the date stated above 286. ADDRESS 23C. DATE SIGNED 3-21
TION, REMOVAL (Specify)	METERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) Belair Rd. Belto M.
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	Danie R. Martin ADDRESS
MAR 2 3 1952 1 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Filto 1d



52 2843 CERTIFICATI		2843
BIRTH NO.		
(Type or Print) Sr. M. Henrietta, W-1	ENTZ SSND OF 3/>	2/52
3. PLACE OF DEATH: A. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived, If a. STATE 8. COUNTY	institution; residence before admission
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)		
HOSPITAL OR INSTITUTION MOLLY Hospital	C. CITY OR TOWN (If outside corporate limits	write RURAL and giv
Yrs. Mos.	o. STREET ADDRESS (If rural, give location)	
c. Length of stay in Baltimore Days 5. SEX [6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (in years)	Under 1 Year D Under 24 Hours
FEMALE WHITE WIDOWED, DIVORCED (Specify)	3 Aug. 1881 last hirthday) Mon	nths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of rork done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) CINNECTICUT	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	USA
August Wentz	Augusta Kut	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO		DIDRESS
(Yes, no or nnknown) (11 yes, give war or dates of service) SECURITY NO.	SR. M. REBECCA 901 ALS	BULTH ST.
18. 757.1 CAUSE	OF DEATH	INTERVAL BETWEET
DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g.,	nia.	1 tous
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		
ANTECEDENT CAUSES	1. 61	,
DISEASES OR CONDITIONS, IF ANY, GIVING	ystic Kidney	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		
UNDERLYING CONDITION LAST. (C)(C)		
OTHER SIGNIFICANT CONDITIONS CON-		
TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY7
CONT		YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bidg., e	a or 21c. WHERE DID (If in Baltimore City, g	ive exact location)
D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRI	ED 21F. HOW DID INJURY OCCUR?	
INJURY MHILE AT NOT WHILE AT WORK AT WORK		
22. I hereby certify that I attended the deceased from	, 19 , to, 19	, that I last saw th
deceased alive on 19 and that death occur	red at 5; 20 Am., from the causes and on th	e date stated above
	3B. ADDRESS	23c, DATE, SIGNED
To Nale Sim more M.O.	Merry Hopetol	3/22/52
24a. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE TION, REMOVAL (Specify)	RY OR CREMATORY 200. LOCATION (City, town,	or county) (State)
Burial March 24,1952 Villa Maria	Demetery Notch Oliff nr T	owson, Md.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 2 3 1950 Tuntington Heliques 14	Charles & Tellagol S. C.	onkling St.

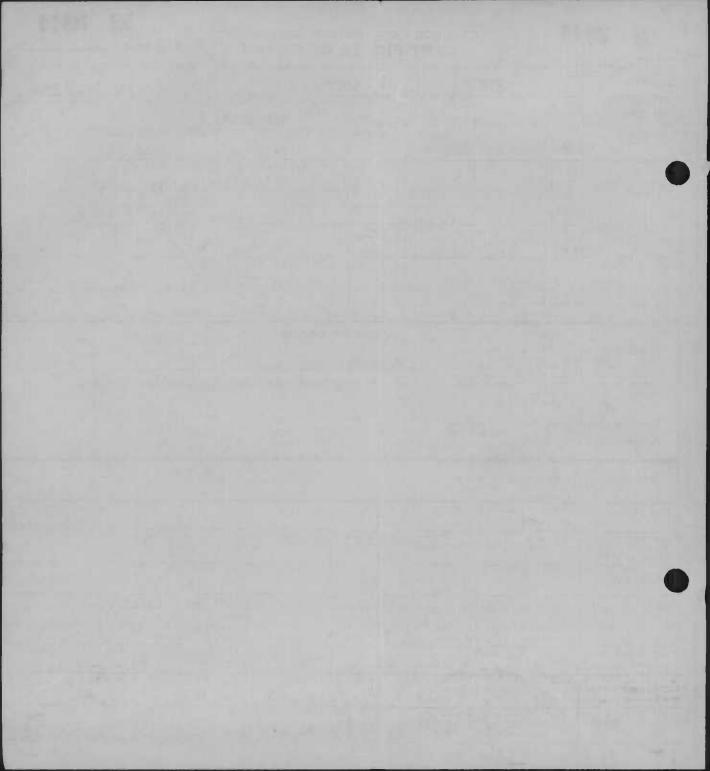
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52 2844

Registered No_ 1. NAME OF DECEASED (Type or Print) 2. DATE ARTHUR LITTLE DEATH March 22, 1952 4. USUAL RESIDENCE (Where deceased lived. If institution : residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Union Memorial Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, g.ve location) Mos. 2714 Miles Avenue Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year last birthday) Months Days Hours: Min. WIDOWED DIVORGED (Specify) male white 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Give kind of 12, CITIZEN OF INDUSTRY work done during most of working life, even if retired, WHAT COUNTRY? 13. FATHER'S NAME Vames 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO (Yes, no or unknown) No INTERVAL BETWEEN CAUSE OF DEATH 422.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Cerebral hemorrhage heart failure, asthenia, etc. It means the disease, DUE TO arteriosclerotic cardiovascular disease injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT Ш 198. MAJOR FINDINGS OF OPERATION U 20. AUTOPSY? 19A. DATE OF OPERATION NO X YES CAI (If in Baitimore City, give exact location) 21c. WHERE DID 21B. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING [] CAUSE OF DEATH. 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? ID. TIME (Month) (Day) (Year) (Hour) INJURY WORK AT WORK 22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X accident , suicide , homicide , undetermined . 238. CHIEF MEDICAL EXAMINER. ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24c. NAME OF CEMETERY OF CREMATORY 24A. BURIAL. CREMA 24B DATE 24D. LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR untinglois



BALTIMORE CITY HEALTH DEPARTMENT Registered No. 284 CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE OF ACOR DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: B. COUNTY A. STATE before admission) A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) D. STREET ADDRESS (If rural, give location) Yrs. Mos. ngth of stay in Baltimore Davs 6 COLOR OR BACE 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under 1 Year 5. SEX 9. AGE (In years WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours. Min. 12. CITIZEN OF 10A. USUAL OCCUPATION (Givekind of IOB. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) INDUSTRY work done during most of working life, even if retired) WHAT COUNTRY wo amouden 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Muan 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

218. PLACE OF INJURY (e. g., in or

about home, farm, factory, street, office hldg., etc.)

TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION

21c. WHERE DID INJURY OCCUR?

21A. EXTERNAL CAUSE WAS UNDERLYING | OR CONTRIB. UTING [CAUSE OF DEATH.

21E. INJURY OCCURRED NOT WHILE! WHILE AT

21F. HOW DID INJURY OCCUR?

210. TIME (Month) (Day) (Year) (Hour)

OTHER SIGNIFICANT CONDITIONS CON-

WORK AT WORK

22. I certify that I took charge of the remains described above, held an closey thereon and from Autopsy, Inspection or Aquiry the evidence obtained by said Autopsy, Inspection or Inquipy, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes V, accident [, suicide [, homicide [, undetermined [

23A. SIGNATURE

untinglor

23B. CHIEF MEDICAL EXAMINER ..

ASSISTANT MEDICAL EXAMINER M.D. MEDICAL INVESTIGATOR

23c. DATE SIGNED

ADDRESS

(If in Baltimore City, give exact location)

20 AUTOPSY

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B DATE

24c. NAME OF CEMETERY OR CREMATORY

Cemour

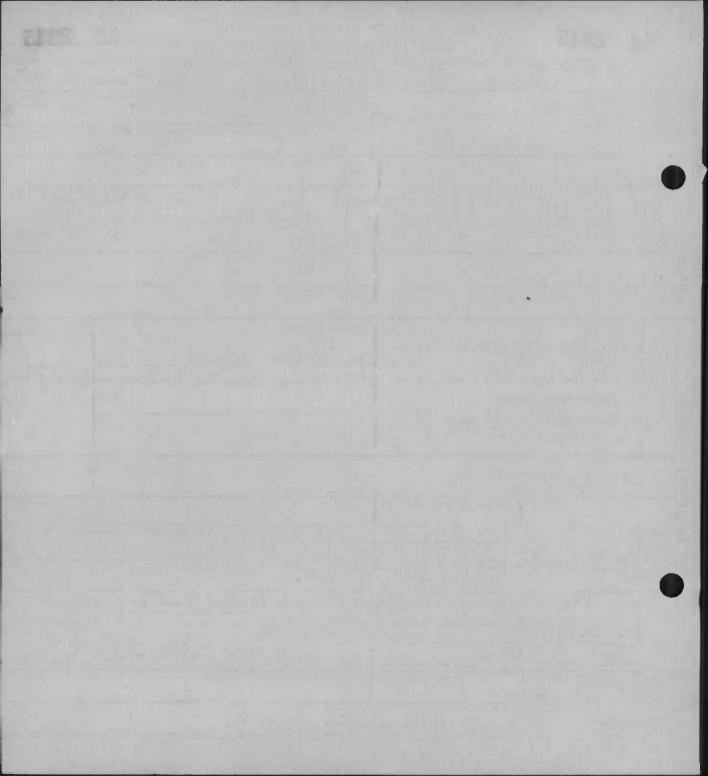
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

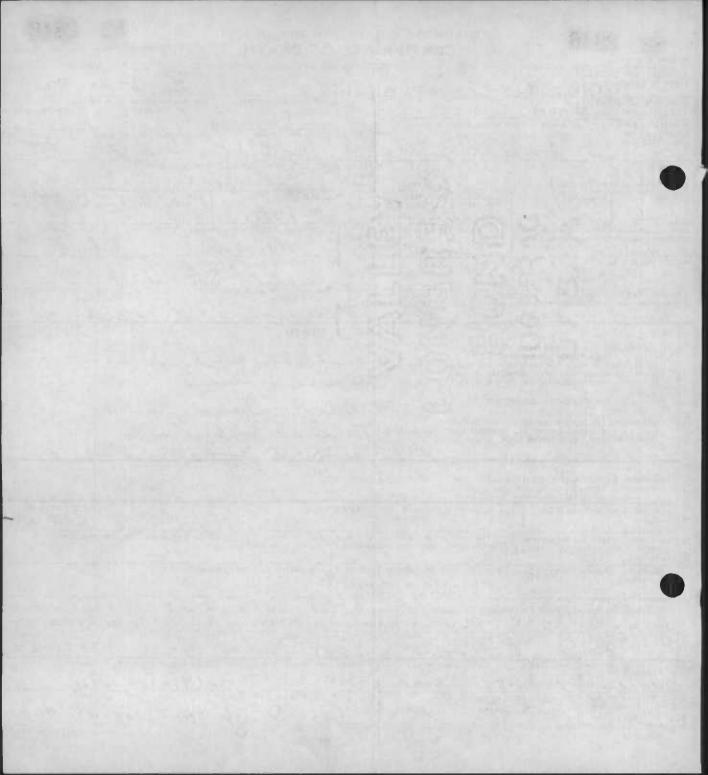
25, FUNERAL DIRECTOR

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1251	X 50 0010
52 2846 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH	Registered No.
1. NAME OF DECEASED	2. DATE
(Type or Print) MRS. RUTH WISENBERGER	OF 3-21-52
3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE	(Where deceased lived, If institution : residence COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address or	earl Irme
HOSPITAL OR INSTITUTION C. CITY OR TOWN	(If outside corporate limits, write RURAL and giv
Yrs. D. STREET ADDRESS (nathrod Ra
Mos. Page	olena Ind.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIÉD, 8. DATE OF BIRTH	9. AGE (In years If Under Year If Under 24 House
Terrale white . Married (Specify) 10-8-1891	last birthday) Months Days Hours Min
10A. USUAL OCCUPATION (Givehind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR II. BIRTHPLACE (State of INDUSTRY)	foreign country) 12. CITIZEN OF WHAT COUNTRY
HOUSEWIFE YOMESTIC MARYLA	nd 9.54.
13. FATHER'S NAME	NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17 INFORMANT	Oxevens
(Yes, no or unknown) (If yes, kive war or dates of service) SECURITY NO	ADDRESS
NO NONE NONE PHERMAN WISEN	berger MASAdenA Md.
18. CAUSE OF DEATH	ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ven - X
(This does not mean the mode of dying, c. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES (8) Breislend abs	care buldocks
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO THE ABOVE CAUSE (A) STATING THE DUE TO THE ABOVE CAUSE (A) STATING THE	la
UNDERLYING CONDITION LAST.	
	ratio Vana , charge
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
214 ACCIDENT WAS LINDER. 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID	(If in Baltimore City, give exact location)
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, atreet, office bldg., etc.) LYING OF DEATH 21B. PLACE OF INJURY (e. g., in of 21c. Where bldg., etc.) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY	JRY OCCUR?
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from 3 - 7, 1954to	3-21 , 1957 that I last saw to
deceased alive on 3-21, 1952 and that death occurred at 12:50An., from	n the causes and on the date stated abov
23a. SIGNATURE 23B. ADDRESS	23c. DATE SIGNE 3-2(-52
24A. BURIAL, CREMA- 24B. DATE 24C NAME OF CEMETERY OR CREMATORY 24D	LOCATION (City) town, or county) (State
TION REMOVAL (Specify)	
DATE RECEIVED BY I REGISTRAR'S SIGNATURE. 1 25. FUNERAL DIRECTO	BALTIMORE, Md. R ADDRESS
MAR 24 1932 Huntington Williams, AND. Geo. L. Schwab	2101 Frederick AUG.
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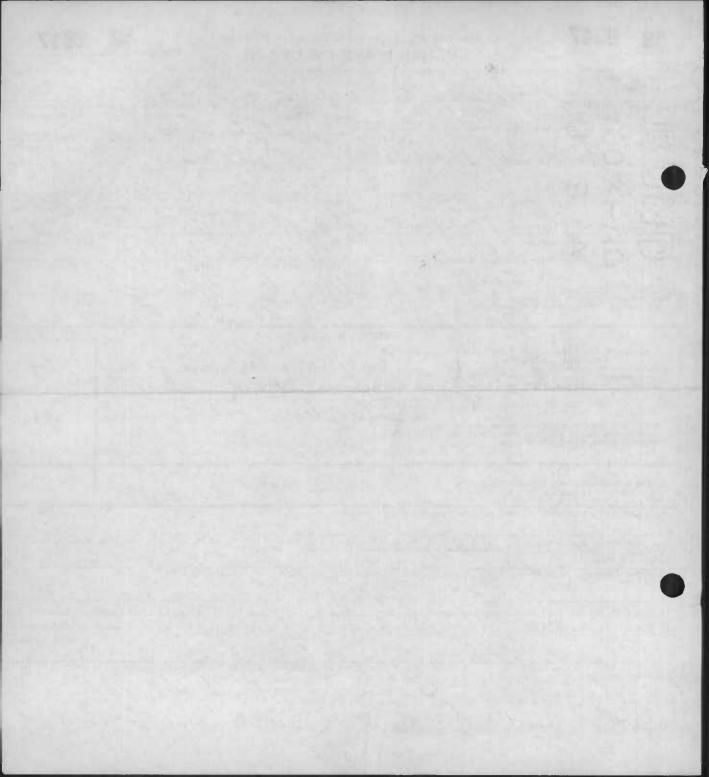


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BALTIMORE CITY HEALTH DEPARTMENT

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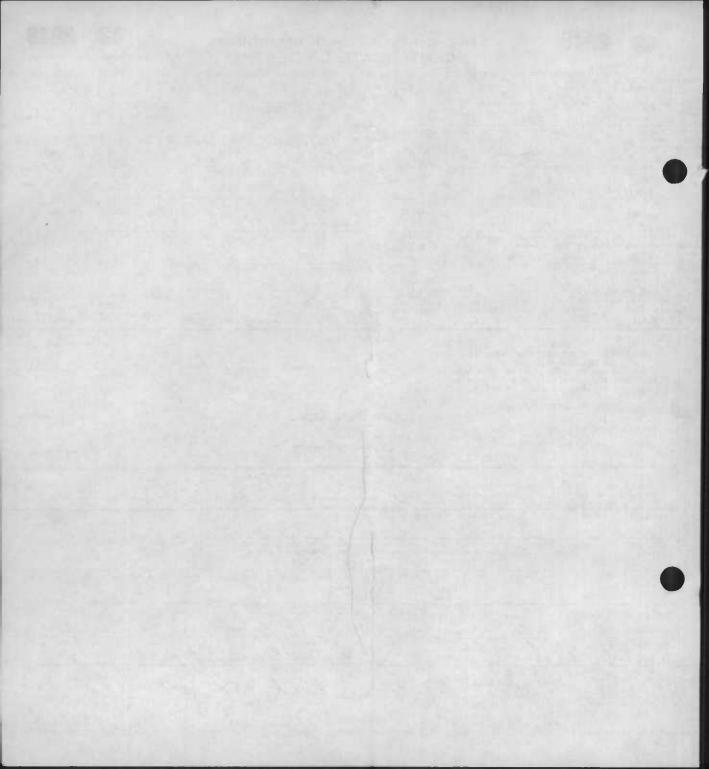
ВІ	RTH NO.			CERTIFICATI	E OF DEATH		
	NAME OF D ype or Print)	ECEASED 2/C	Elias	n James	Creame	2. DATE OF DEATH	ar. 22 1952
	PLACE OF DE Baltimore	EATH: City, Maryland			4. USUAL RESIDENCE	E (Where deceased lived, I	f institution ; residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospi	tal or institutio	on, give street address or location)	C. CITY OF TOWN	(Houtside corporate lim	its, write RURAL and give
		Univers	ty TV	aspital	Dal	timire	27-0 (township)
C	ngth of s	tay in Baltimore		Yrs. Mos. Days	2805	(If rural, give location)	enue
5.	SEX	6. COLOR OR RACE			8. DATE OF BIRTH	9. AGE (In years last birthday) M	M Under I Year M Under 24 Hours on the Days Hours Min.
2	nale	white	ma	rried	Sept. 19-189	5 56	
		CUPATION (Give kind not working life, even if retired		OF BUSINESS OR / INDUSTRY	11/BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	HADER'S N	VESOR 7	1.0.		14. MOTHER'S MAIDE	N GANGE	
-	Sel on	1 1 1	8000	. 11	marili	to horace h	
15	. WAS DECEASE	D EVER IN U, S. ARME	D FORCES?	16, SOCIAL	17. INFORMANT	equivaen.	ADDRESS
(10	s, no or unknown)	(If yes, give war or dat	es of service)	SECURITY NO.	mis / Let	in m Crea	mer- same
	18.	2001		CAUSE	OF DEATH		INTERVAL BETWEEN
		E OR CONDITION	TH	. acus	to Carmona	i Iliair	and Al American
	heart failu	not mean the mode re, asthenia, etc. It mes complication which	ans the disease,	,	i wommy	muggicu	lef ways
		ANTECEDENT CAU	SES	O.t.	· el tit	cart division	1 2 +
ON	DISEASES	OR CONDITIONS,	IF ANY, GIVING	(B) MULL	scure "	cari wies	a de you -
ATI		HE ABOVE CAUSE (A)					
FIC				(C)			
RTII	OTHER S	IGNIFICANT COND	ITIONS CON-				
CEF		TO THE DEATH, BUT					
AL	19A. DATE O	F OPERATION	19B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
IEDICAL		ENT WAS UNDER. R CONTRIBUTING	1 1 1 1	CE OF INJURY (e. g., i rm,factory,atreet,nffice bldg.,		(If in Baltimore City,	give exact location)
Σ	D. TIME ((Month) (Day) (Year) (Hour) 2	IE. INJURY OCCURR	ED 21F. HOW DID IN.	JURY OCCUR?	
				HILE AT NOT WHILE AT WORK			
		y certify that I at			3/22 , 192 w, to		2, that I last saw the
	deceased al		, 19 <u>4 V</u> . a		rred at 10 P. m., fro	om the causes and on	the date stated above.
	C. En	ward L	earl.	м. о.	14 C. Cago	u St.	3/23/52
24	AA. BURIAL C	Pecify)	/ 2	4C. NAME OF CEMETE	RY OR CREMATORY 24	IO. LOCATION (City, tow	n, or county) (State)
->4	Huria	1 3/26		X) ala	25. FUNERAL DIRECT	Halo 1	ADDRESS
	ATE RECEIVED		S SIGNATUR	1100 0	La Comment	52154	and all
#	AR 7 4 73	I Hunt	ngton 1	Villadia My	much.	9303 \A	vijour
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BALTIMORE CITY HEALTH DEPARTMENT

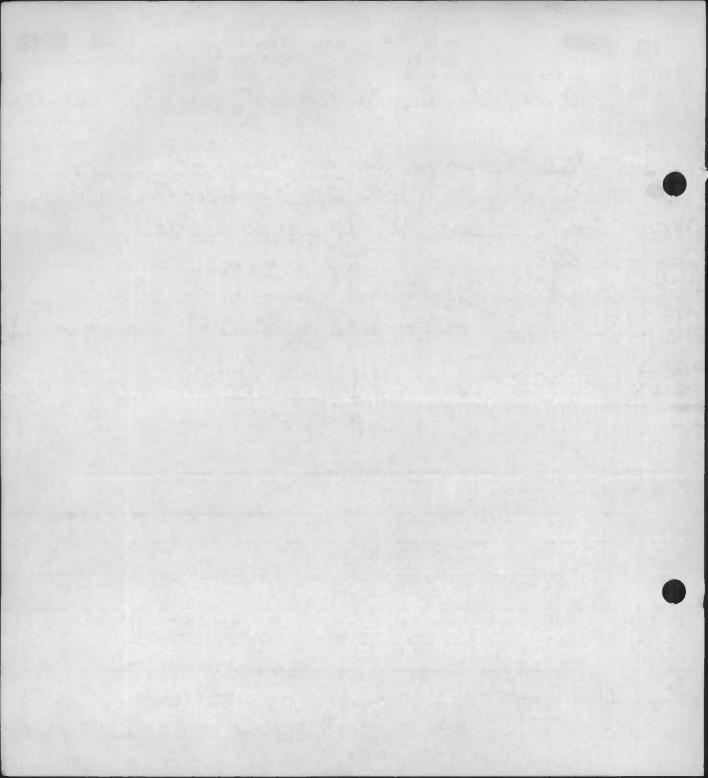
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BIRTH NO. CERTIFICAT	E OF DEATH Regis	stered No.
1. NAME OF DECEASED (Type or Print) Paymond august Pf/291	dan 2. DATE OF DEATH	7-22-52
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased A. STATE B. COU	
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION Memorial		rate limits, write RURAL and give
Yrs. Mos.	o. STREET ADDRESS (If rural, give local 5429 Rembras	Clus.
c. Length of stay in Baltimore Days 5. SEX [6. COLOR OR RACE] 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In.	
M WIDOWED, DIVORCED (Specify)	april 26, 18+3 lust birth	day) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of tops of the street of	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY!
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT	209 Willship am.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, c. g., henrt failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	of DEATH Inoray entols Lycena	INTERVAL BEYWEEN ONSET AND DEATH
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OF CONDITION CAUSING IT.	include Heart de	6. Pys
		YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING bout home, farm, factory, street, office bidg., CAUSE OF DEATH O. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	etc.) INJURY OCCUR?	e City, give exact location)
m. WHILE AT NOT WHILE AT WORK AT WORK		
deceased alive on 3-22-52, 19, and that death occur		7, 19 _, that I last saw the
23A. SIGNATURE	23B. ADDRESS	, 23C. DATE SIGNED
24A. BURIAL. CYEMA- 24B. DATE 24C. NAME OF CEMETE TION REMOVAL (Precay) 3/25/52 MASOLOW		(y, town, or county) (State)
DATE RECEIVED BY REGISTRA IS SIGNATURE LOCAL REGISTRAR Tuntingto	25. FUNERAL DIRECTOR 53	05 Harford
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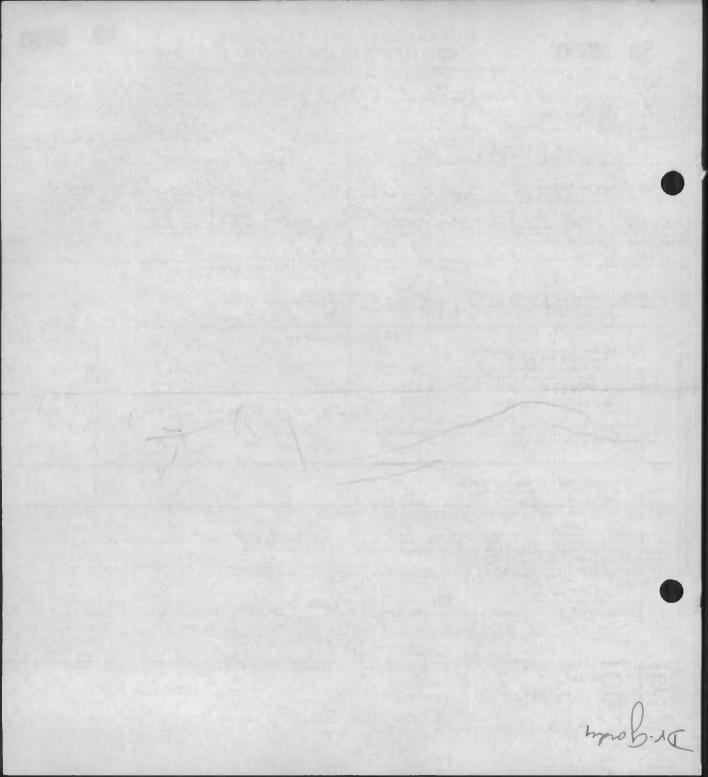


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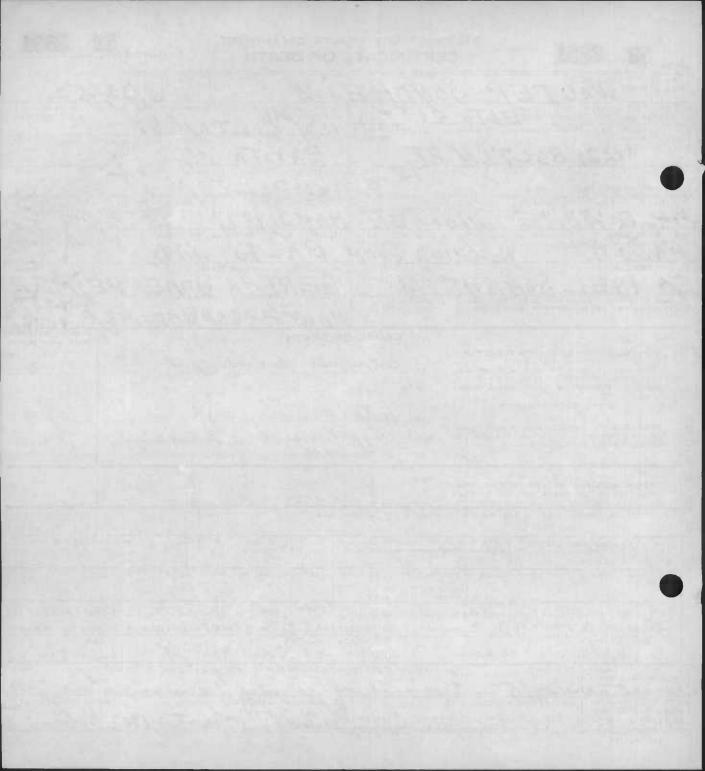
BIRTH NO.	
1. NAME OF DECEASED (Type or Print) BERNARD LUNGWIS TUELLMANN OF DEATH	Mas 21-1952
3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE 4. USUAL RESIDENCE (Where deceased in A. STATE B. COUN	vel. If institution; residence before admission
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate	te limits, write RURAL and give
3111 Fame of 100 Baltings 14	27-0 township
Yrs. D. STREET ADDRESS (If rural, give location of the control of	ion)
	C. (f Under 1 Year If Under 24 Hours
male white married Que 8-1879 last birthon	Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work depoduring most of weeking lifety in tiretired) INDUSTRY INDUSTRY	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	
Frederick L. Tuellmann of ann ??	
15. WAS DECEASED EVER IN U. S. ARMYD FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	ADDRESS Same
215-01-0604 Mis Matelda Le	ellmann
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g., (A)	3 Welly
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	***************************************
ANTECEDENT CAUSES	2
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT	20, AUTOPSY?
	YES NO
21A. ACCIDENT WAS UNDER. 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., etc.)	City, give exact location)
O, TIME (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRED 21s. HOW DID INJURY OCCUR?	
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from 1953 to 1953 to 1953 to 1953 to 1953 to 1953 and that death occurred at 1953 m., from the causes and	
23A. SIGNATURE 23B. ADDRESS	23c. DATE SIGNED
M.O. 8100 Harrach	8 3/21152
246. BURIAL, CREMA- TION REMOVAL (Specify) 248. DATE 246. NAME OF CEMETERY OR CREMATORY 240 LOCATION (City	town, or county) (State)
DATE RECEIVED BY REGISTRAN'S SIGNATURE 25 FUNERAL DIRECTOR	ADDRESS
LOCAL REGISTRAR STORY STORY STORY 530	5 Harford
VS 150	



BALTIMORE CITY HEALTH DEPARTMENT 2850 Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNT before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN outside corporate limits write RURAL and give INSTITUTION imare Yrs. D. STREET ADDRESS (If garal, give location) Mos. igth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED If Under | Year I Under 24 Hours 9. AGE (In years WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours: Min. wednesd ine 29-1868 10A. USUAL OCCUPATION (Give kind of) IOB. KIND OF BUSINESS OR 11. BARTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of warking life, even if retired) INDUSTA WHAT COUNTRY? Kome many 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. 80CIAL 17. INFORMACT ADDRESS (Yes, no or anknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN 20.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 218. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH Morre 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE WORK 1948 to Garde of 2 190 I that I last saw the 22. I hereby certify that I attended the deceased from you / Am., from the eauses and on the date stated above. __, 196 2- and that death occurred at] deceased alive on 3 - 20 23B. ADDRESS 23c. DATE SIGNED M. D. 24D. LOCATION (City, town, or county) BURHAL, CREMA-1248, DATE 24C. NAME OF CEMETERY OR CREMATORY. TION, REMOVAL (Specify) 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE ADORESS LOCAL REGISTRAR VS 150



BALTIMORE CITY HEALTH DEPARTMENT 2851 CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If histitution; residence A Baltimore City, Maryland A. STATE ALL hefore admission) (If not in hospital or institution, give street address or If outside corporate limits, write RURAL and give B. FULL NAME OF location) INSTITUTION (If rural, give location) Yrs. Mos. angth of stay in Baltimore Days 9. AGE (In years If Under I Year last birthday) Months Days Hours Min. 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) UIDOWE 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or 12. CITIZEN OF INDUST work done during most of working life even if retired) WHAT COUNTRY? 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO. 18. 443 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Cerebro-vascular as adem LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUF TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? NOT WHILE WHILE AT 195! to march 22, 19 Dethat I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on march 12, 19 5, and that death occurred at 6.45 km., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED N. Calvert nacun 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) Chamation REGISTRAR'S SIGNATURE DATE RECEIVED BY 25. PUNERAL DIRECTOR LOCAL REGISTRAR VS 150



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BI	RTH NO.			CERTIFICAT	E OF DEATH	Registered N	0	
	NAME OF ype or Print)		75 /	3 eccio		2. DATE OF DEATH 3/	30/3	62
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			/70SP1	Yrs. Mos.	D. STREET ADDRESS	If rural, give location)		
	Length of	stay in Baltimore		Days Days	8. DATE OF BIRTH OOD	9. AGE (In years)	Under 1 Year	II Under 24 Hours
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_	D. TIME	(Month) (Day) (Ye		VHILE AT NOT WHILE WORK AT WORK	ED 21F, HOW DID INJU	RY OCCUR?		
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Н		alive on 3/20/3	19		red at 4:05 Pm., from	the causes and on th		
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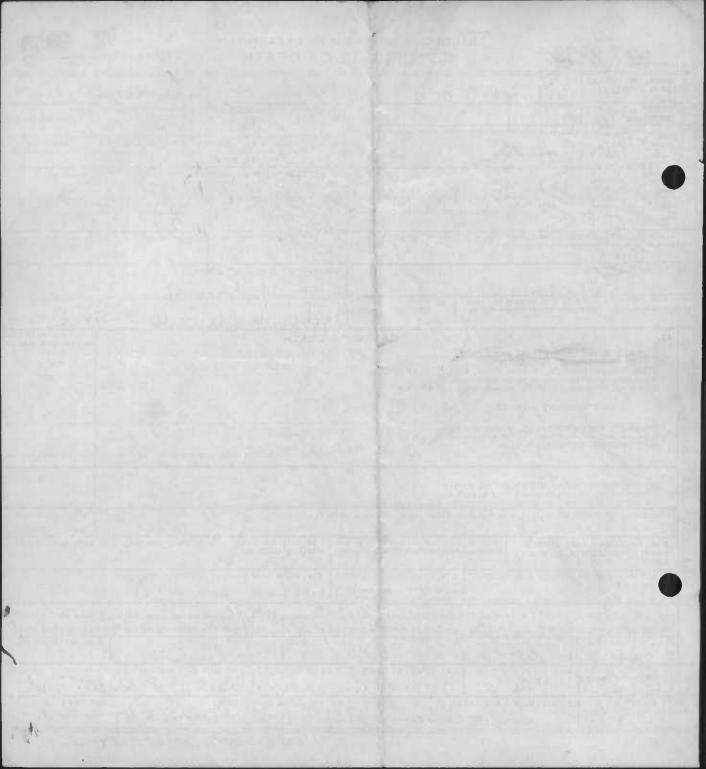
INSTITUTION Bar - Wil-Bar Yrs. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify Female. 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or for work done during most of working life, even if retired) INDUSTRY BM 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NA Taman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO. CAUSE OF DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION (B) . DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OUE TO Π OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION EDICAL 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERebout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY INJURY 22. I hereby certify that I attended the deceased from Jan. 195%, to MA deceased alive on Wal. 21, 1952, and that death occurred at 4 P m., from the causes and on the date stated above. 33A. SLGNATURE 23B. ADDRESS 23c. DATE SIGNED Z4A. BURIAL, CREMA-TION, REMOVAL (Specify) 26

25. FUNERAL DIRECTOR

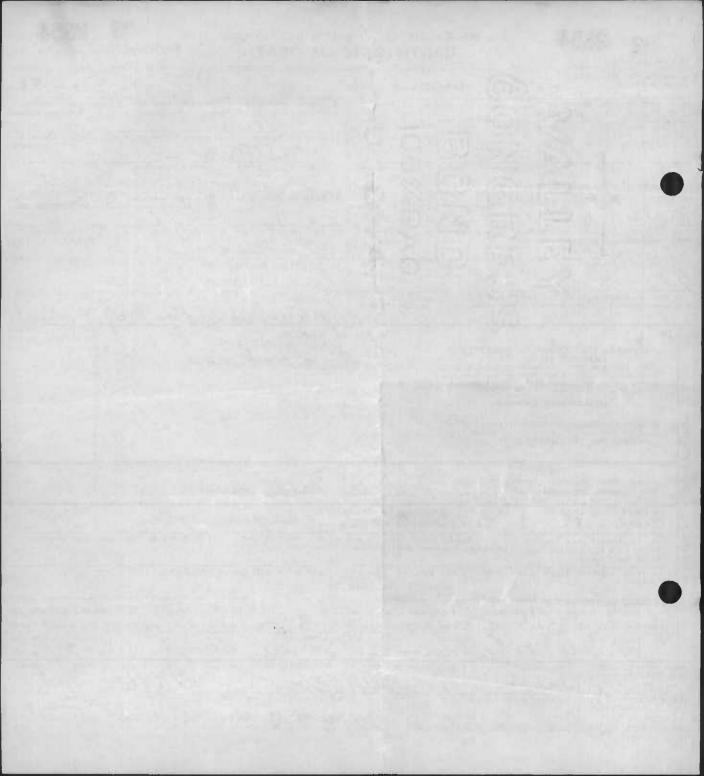
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DATE RECEIVED BY

REGISTRAR'S SIGNATURE



BIRTH NO.	E OF DEATH
NAME OF DECEASED Type or Print) tellis Singer	2. DATE OF J - 23 - 52
B. PLACE OF DEATH: B. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission
I. FULL NAME OF (If not in hospital or institution, give street address or location) NSTITUTION	C. CITTOR TOWN (If outside corporate limits, write RURAL and give township
ngth of stay in Baltimore	D. STREET ADDRESS (Maral, give location)
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years if Under I Year If Under 24 Hours Months Days Hours Min.
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В	1RTH 152	2855	BALTIMORE CITY HE CERTIFICATE		Registered No	2 2855
1.	NAME OF Cype or Print)	DECEASED	S SMITH		2. DATE OF DEATH 23	NUR.1952
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H	OSPITAL OR ISTITUTION	LUTHERA	location)	C. CITY OR TOWN (II	outside corporate limits,	
c.	Ongth of s	stay in Baltimore	25 Yrs.		ELUS DERE	AU.
5.	SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years # Un last hirthday) Mont	nder I Year H Under 24 Hours hs: Days Hours Min.
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	deceased a	live on 23 de	121952 and that death occur			date stated above.
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7	TE RECEIVE	952 REGISTRAR	Son Williams, M.	25. FUNERAL DIRECTOR	2100 bes	taw /
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HEALTH DEPARTMENT

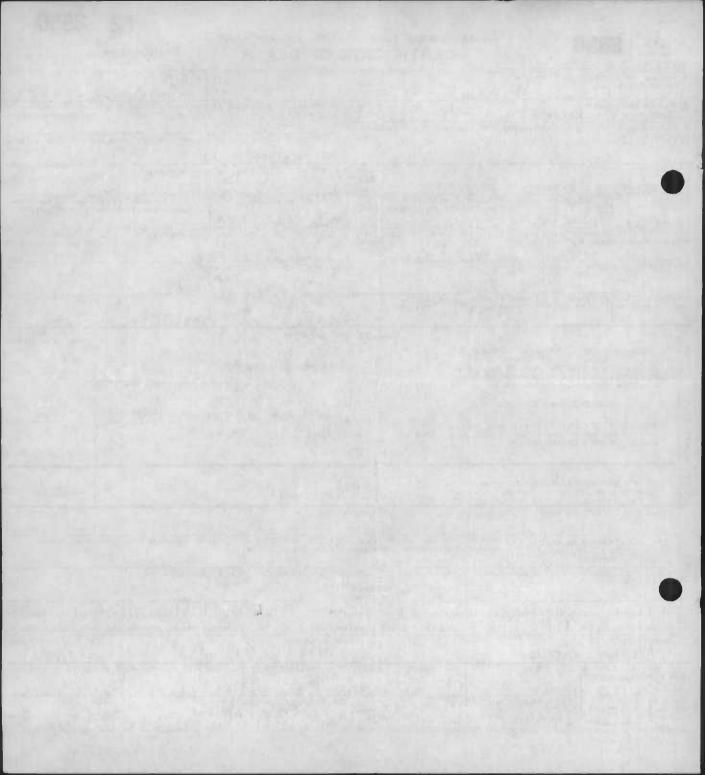
Registered No-CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECKASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, if institution: residence A. STATE) before admissi A. Baltimore City, Maryland 2 before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION (If runal, give location) Yrs. D. STREET ADDRESS Mos. ngth of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year WIDOWED, DYVORCED (Specify last birthday) Months: Days Hours: Min. 4-1880 1 BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCEY 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH eve brue 1 commonly (This does not mean the mode of dying, e.g., (A) ... heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUF TO UNDERLYING CONDITION LAST. (C) ... RTIFI OTHER SIGNIFICANT CONDITIONS CON-Ule Museul TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICA YES 21c. WHERE DID 218. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE! WORK 22. I hereby certify that I attended the deceased from 11) holim 11 W , 195 V, that I last saw the 19. to_ decased alive on 12 May , 1952 and that death occurred at 5 R _m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE 1 LO ON 517 YMMEL 24A. BURIAL, CREMA 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, Jowin or county) (State)

DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'S SIGNAT

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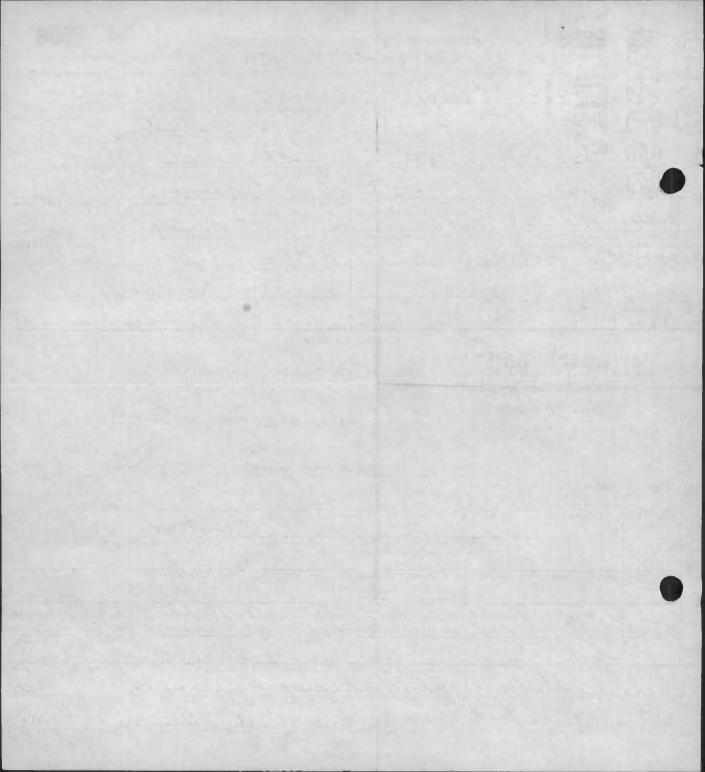
52 2857 Registered No.

BI	RTH NO.	14001		OLIVIII 10/VI	E OF DEATH		
	NAME OF Dype or Print)	China Bo	lle Gre	en Thomas		of March 2	0, 1952
	PLACE OF DE	EATH: Sity, Maryland			4. USUAL RESIDENCE (V	Where deceased lived. If in	stitution : residence before admission)
В.	FULL NAME	OF (If not in hospit	al or institut	ion, give street address or		B. COUNTY	before admission)
H	DSPITAL OR	Baltimore Ci-	ty hosp	itals location)	C. CITY OR TOWN (If	outside corporate limits,	write KURAL and give
-11/		4940 Eastern			Baltimore	26-	township)
		tay in Baltimore	5	Yrs. Mos. Days	B. C. H. 4940 E		
	Female Pemale	Negro	Window	MARRIED, ED DIVORCED (Specify)	Sept. 18, 1892	9. AGE (In years Won Mon	nder I Year If Under 24 Hours the Days Hours Min.
1 O worl	A. USUAL OC doneduring most o	CUPATION (Give kind of f working life, even if retired)	10B, KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Virginia)	oreign country) 1	2. CITIZEN OF WHAT COUNTRY?
13	. FATHER'S N				14. MOTHER'S MAIDEN N	AME	
		? Pear	son		Judy D	andridge	V
15 (Ye	. WAS DECEASE , no or unknown)	D EVER IN U. S. ARMEI (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Records: B. C.		DRESS
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	injury or	complication which	eaused death	DUE TO			
	ANTECEDENT CAUSES						
Z				(8)		***************************************	
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C	TO THE DI	SEASE OR CONDITION	CAUSING 1	ſ			
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	22. I hereb	y certify that I att	tended the	deceased from 12	2-20 , 139 , to	3-20 ₁₉ 52	that I last saw the
	deceased al	ive on 3-20	_, 1952	and that death occur	rred at 5 A m., from t	he causes and on the	date stated above.
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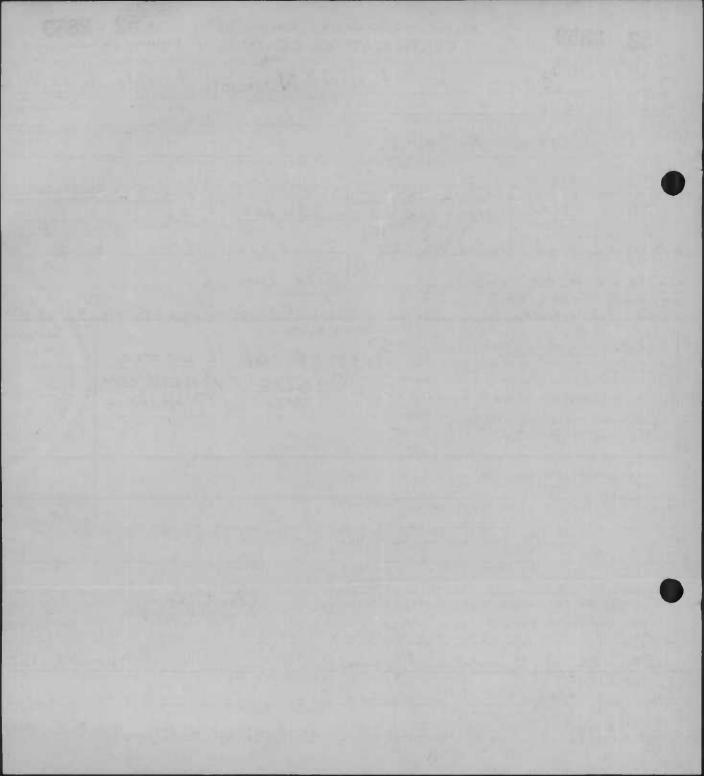
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Registered No.

В	RTH NO.				CERTIFICAT	E OF DEATH		
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Yrs. Mos.						o. STREET ADDRESS (If rural, give location)		
c. Agth of stay in Baltimore Days 5. SEX 6 COLOR OR RACE 7. SINGLE, MARRIED.						8. DATE OF BIRTH 9. AGE (In years) Under 1 Year Under 24 Hours		
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13. FATHER'S NAME						14. MOTHER'S MAIDEN NAME		
1.5	. WAS DECEAS	ED EVER	N. U. S. ARMEE	EORCES?	16. SOCIAL	17. INFORMANT *	- Jedas	ADDRESS
Ye	s, no or unknown)	(II yes,	give war or date	of service)	705-03-528	SELMA SA	Telpene 162	· Spence sh
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	DISEASE OR CONDITION DIRECTLY							ONSET AND OEATH
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21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact lo							7.00	
AE L	HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?							
-	O. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?							
	m. WHILE AT NOT WHILE AT WORK							
	22. I hereby certify that I attended the deceased from 1957, to That i, 195, That I last saw th							
	deceased alive on 1952 and that death occurred at m., from the causes and on the date stated above. 23a. SIGNATURE 23b. ADDRESS 23b. DATE SIGNED							
		4//	mic	udd	м. о.	W 10 han	Lunder Bh	of Meles 52
	ON REMOVAL		3/24/	5-2	Holy Re	Decuer	Belair R	Own, or county) (Street
D	ATE RECEIVE	D BY	REGISTRAR	Allerton . A. at 1 1	RE.	PS FUNERAL DIREC	CTOR U	ADDRESS
	WAR 24	1357	Turting	con Trut	wanter, " &	track W fac	leaushor /	of MCY-cury the
	VS 150		Q			5055015		



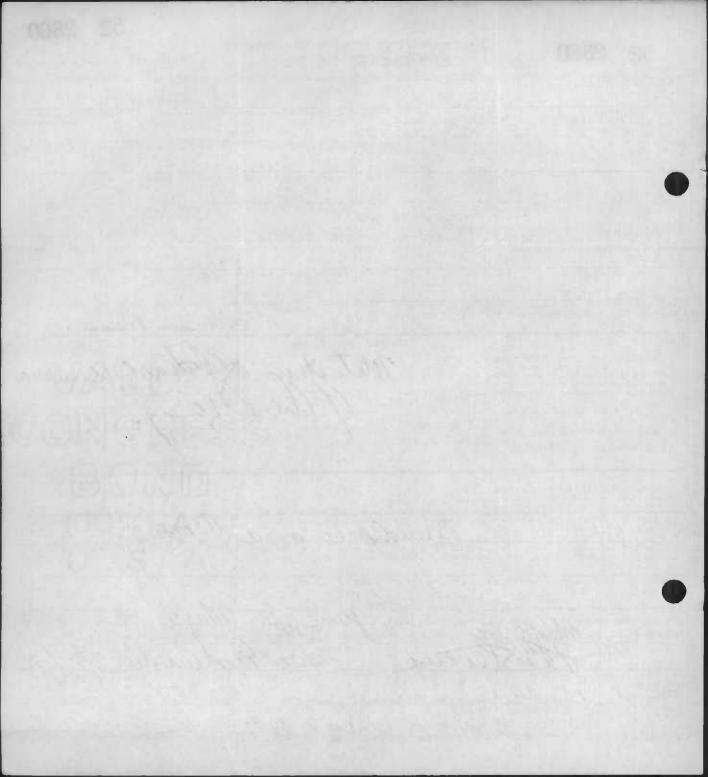
BALTIMORE CITY HEALTH DEPARTMENT 2859 Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION OSPITALS 20-Yrs. D. STREET ADDRESS (If rural, give location) ngth of stay in Baltimore Days O. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | | Under | Year | | Under 24 Hours | last birthday) | Months | Days | Hours | Min. WIDOWED, DIVORCED (Specify) Aug 31- 1896 J J Mayy124. 10B. KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Give kind of 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 14. MOTHER'S MAIDEN NAME lally disubled. I War Id 13 FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SOCIAL (Yes, no or unknown) SECURITY NO. NONE WOYLDIWAY CAUSE OF DEATH 0211 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, AORTIC injury or complication which caused death.) ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (o. g., io or 21c. WHERE DID 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) UNDERLYING [] OR CONTRIB. UTING CAUSE OF DEATH. 210. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. HOW DID INJURY OCCUR? 21E. INJURY CCCURRED WHILE AT WORK 2. I certify that I took charge of the remains described above, held an _ the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased deed on the day stated above, and death in my opinion resulted from: natural causes V, accident [], suicide [], homicide [], undetermined []. 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER ... ASSISTANT MEDICAL EXAMINER ... MEDICAL INVESTIGATOR 24A. BURIAL. CREMA-24C. NAME OF CEMETERY OR CREMATORY DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

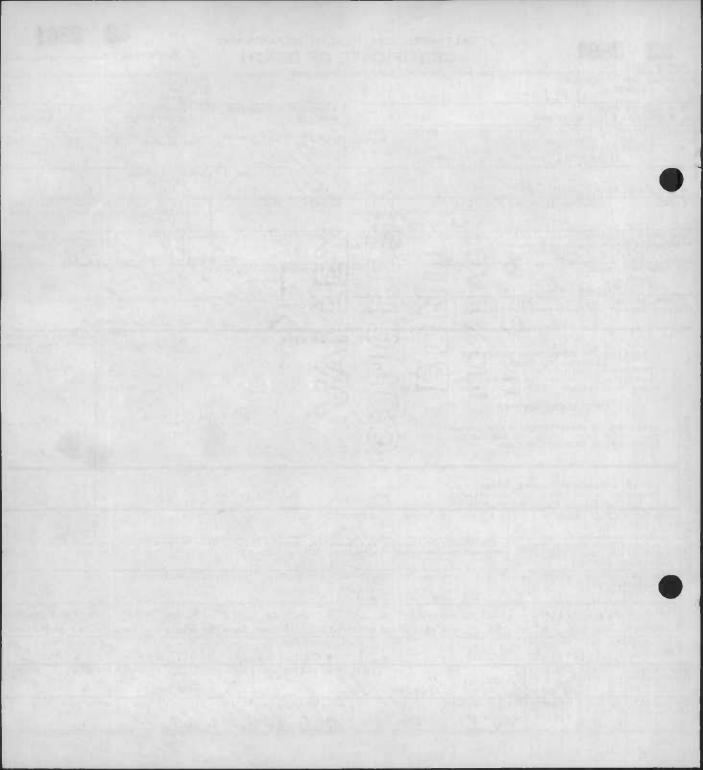
Registered	No	

1. NAME OF DECEASED (Type or Print) Helen B. Kahler	2. DATE OF DEATHMARCH 20, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland 2724 Pelham Ave	4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	Maryland
HOSPITAL OR location) INSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
	Baltimore township
Yrs.	D. STREET ADDRESS (If rural, give location)
c. mength of stay in Baltimore Mos.	2724 Pelham Ave.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years II Under 1 Year II Under 24 Hours
Female White Widowed	Mar. 16, 1887 last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B KIND OF BUSINESS OF	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
vork done during most of working life, even if retired) At Home	Baltimore, Md. WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edmund Pabst	Au_usta Prinz
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
	Mrs. Augusta Grauer 2724 Pelham Ave.
110	OF DEATH O INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET, AND DEATH
LEADING TO DEATH	Laster of Watour Color
(This does not mean the mode of dying, c. g., heart failure, asthenia, etc. It means the disease,	any any
injury or complication which caused death.) OUE TO	M-11 1/0,
ANTECEDENT CAUSES	UI Che (Mas
Z (B)	10000
DISEASES OR CONDITIONS, IF ANY, GIVING	
ONDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	ATION 1 20. AUTOPSY:
4 1957 / Much a	Musoura of Cottary YES NO 1
214. ACCIDENT WAS UNDER. 218. PLACE OF INJURY (e.g., in	or 21c. WHERE DID Alf in Baltimore City give exact location)
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., et	tc.) INJURY OCCUR?
Σ	
NJURY	D 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE	a.A
22. I hereby certify that I attended the deceased from	Cu 1990, to May 20, 1902, that I last saw the
deceased aline on Maria 1927 and that death occur	red at 5.157 m., from the equises and on the date stated above.
	3B. ADDRESS 23c. DATE SIGNED
12 Slevens M.D.	3400 (rayuan (1) 3/2/59
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER	RY OR CREMATORY 240. LOCATION (City, town, or county) (State)
Burn Mar 24/52	2 C. B. O.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR)
AR 7 d 1050 Turtington Williams M.P.	While trud Nome 2004 While
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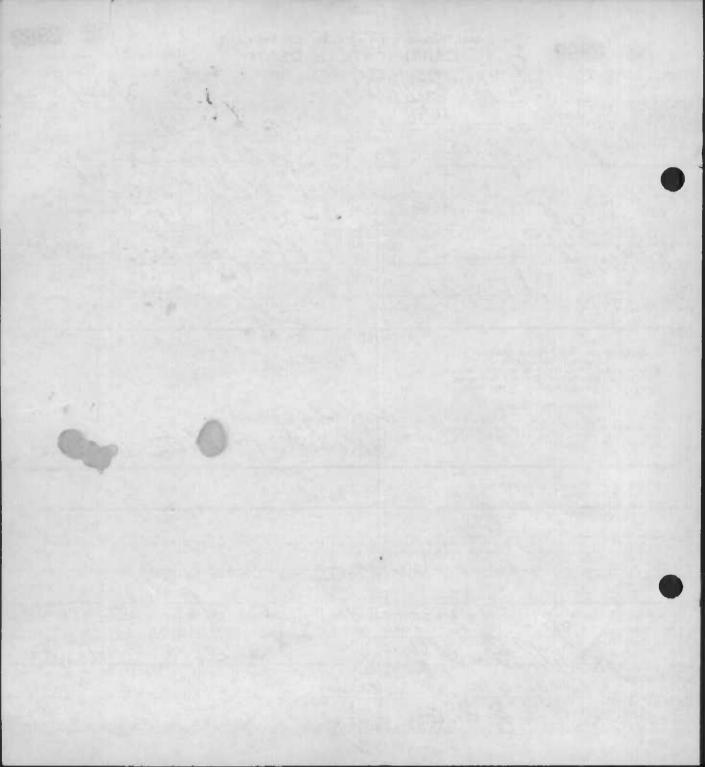


120	7 52	2861
59 9064	E OF DEATH Registered No.	
1. NAME OF DECEASED (Type or Print) DAVIES FLORENCE	2. DATE OF DEATH 3-23	-52
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If ins	titution : residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location INSTITUTION		vrite KURAL and give township)
UNIVERSITY / + SPITAL Yrs. Mos. Days	D. STREET ADDRESS (If poal, give location)	6607
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED DIVORGED (Specify	8. DATE OF BIRTH 9. AGE (In years) If Und	BI Year H Under 24 Hours Min.
10 A. WSUAL OCCUPATION (Give kind of rorking most of working life, even if retired) INDUSTRY		CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	<i>a. o.</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) Yes, give war or dates of service) 16. SOCIAL SECURITY NO.	V6 . 1/1. W/	RESS
18. 597. arra 17 CAUSE	OF DEATH Burnf In	DNSET AND DEATH
	zito NiTis	4 days
ANTECEDENT CAUSES	PORATED DIVERTICULUM	4 days
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	ERTiculiti's	4 days
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	ST, ASCUD OFAILURE	3400
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OPERATION 19B. MAJOR FI		20. AUTOPSY?
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,		exact location)
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE INJURY WHILE AT WORK NOT WHILE AT WORK		
22. I hereby certify that I attended the deceased from 3		
23A, SIGNATURE		3c. DATE SIGNED
	ERY OR CREMATORY 240. JOCATION (City, town, or	3-24-52 county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 PINERAL DIRECTOR A	DDRESS

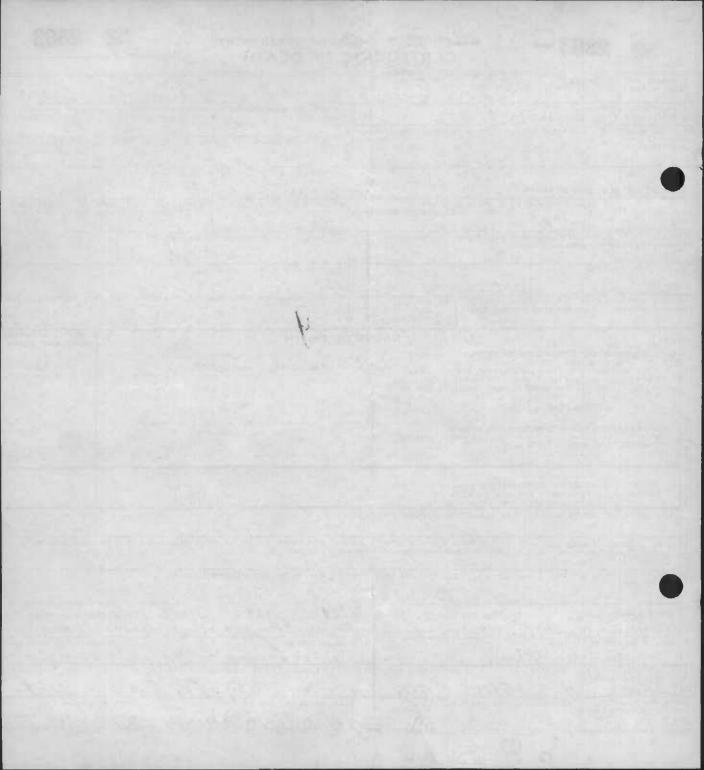
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ВІ	52 RTH NO.	2862		ВА				EALTH DEPA		Regis	tered No.		5865
	NAME OF D ype or Print)	ECEASED	Em	MAR		illo	an	,		2. DATE OF DEATH	3/2	2/	52
	Baltimore		land					4. USUAL RES	SIDENCE (W	here deceased B. COU			: residence ore admission)
HC	FULL NAME DSPITAL OR STITUTION	OF (If no	t in hospita	of institu	tion, give		dress or cation)	C. CITY OF TO	WN (If	outside corpor	ate limits, v	vrite RI	JRAL and give township)
c.	ngth of s	tay in Balt	imore		7		Yrs. Mos. Days	D. STREET ADI	DRESS (If)	raral, give loca	tion)	34	
	SEX	6.COLOR	OR RACE		E MAR	RIED		8. DATE OF BIT 4 - 2-	1913	9. AGE (in) last hindh		loi I Year	H Under 24 Hours Hours Min.
work	done during most	of working lift ev	Give kind of en if retired)	10в, KIN	D OF BI	JSINESS INDU	OR JSTRY	11. BIRTHPLAC	E (State or fo	country)	12	CITIZ WHA	CONTITRY?
E	EXILER'S I	un .	(?)	Fle	201	4		Mary Mary	MALEN NA	Han	ler	0	
15 (Yes	WAS DECEAS, no or unknown)	ED EVER IN U	S. ARMED	FORCES?		OCIAL ECURITY	NO.	17. INFORMAN	el.		ADD	RESS	Office of the second se
	(This does	SE OR CON LEADING not mean there, asthenia, complication	to DEAT he mode of etc. It mean which co	H f dying, e. ns the disea aused deat	g., se.	(A)	USE	SEM I	o Li				VAL BETWEEN F AND DEATH
FICATION	RISE TO T	S OR CONDI	TIONS, IF	ANY, GIVI	HE D	(B)	Dr	aklis	mel	lhti	•		
CERTI	TRIBUTING	IGNIFICANT TO THE DEA ISEASE OR C	T CONDIT	NOT RELAT	ED			ha					
	19A. DATE C	F OPERATI	ON 15	B. MAJOF	FINDI	NGS OF	OPERA	ATION					AUTOPSY7
EDICA		ENT WAS UR CONTRIBU		218. PL about home	ACE OF	INJURY y.street,offic	(e. g., in ce bldg., et	or 21c. WHERI		f in Baltimore	City, give		
Z.		(Month) (Da	y) (Year)	(Hour)	21E. IN WHILE AT WORK	NOT	WHILE WORK	21F, HOW D	DID INJURY	OCCUR?			
	22. I hereb	y certify th	/3 %	ended the				red at 3 VS	62, to 3	2/22 ne causes an			last saw the
	23A. SIGNA		Ro	Bue	el	m		38. ADDRESS	rece	1			ATE SIGNED
24 110	N. REMOVAL	specify) 3 -	. DATE - 26-	52	24C. NJ	ME OF CE	Ur	ary or CREMATO	a.k	A.Coz	nly,	ne	0
LO	TE RECEIVE CAL REGIST MAR 24		untang	SIGNAT	Villia	sees-, A	12	25. FUNERAL D	Y NOS	4.1.	304h	. la	hulay
	VS 150		9				- /	/		//			



6	アン					
ВІ	52 RTH NO.	2863		TY HEALTH DEPARTMENT CATE OF DEATH	52 Registered No.	2863
	NAME OF I	DECEASED	Vanda Thurs	sak	2. DATE OF MAS.	22-1952
В.	FULL NAME	City, Maryland	Booto Carl		Vhere deceased lived. If insti B. COUNTY	tution: residence before admission)
	STITUTION	1621 Ch	urch St	c. CITY OR TOWN (If	outside corporate limits, wr	ite RURAL and give township)
		stay in Baltimore	Life	Mos. Days 1621 Chur	rural, give location)	
J	emale	6. COLOR OR RACE	WIDOWED, DIVORCED	aug 21, 1922	9. AGE (In years last birthday) Months	
work	240 least		IND	Balto.	mol.	CITIZEN OF WHAT COUNTRY?
	. FATHER'S	cent yu	ircsak	Frances Mi	kolajosik	
(Yes	, no or unknown	BED EVER IN U.S. ARME (If yes, give war or date	b FORCES? es of service) 16. SOCIAL SECURITY 2/6-/8-48		162/ Church	ss St
	18. DISEA	SE OR CONDITION LEADING TO DEA	DIRECTLY	USE OF DEATH		ONSET AND DEATH
	heart fail	s not mean the mode oure, asthenia, etc. It mes complication which	of dying, e.g., (A)	n m crawal um	7	2 years
		ANTECEDENT CAUS	SES			
FICATION	RISE TO	S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA	STATING THE DUE TO AST.			
CERTIFI	TRIBUTIN	II SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED			
		the state of the s	19B. MAJOR FINDINGS OF	OPERATION		20. AUTOPSY?
IEDICA		DENT WAS UNDER- PR CONTRIBUTING DEATH	21B. PLACE OF INJURY about home, farm, factory, street, of		f in Baltimore City, give	exact location)
~	D. TIME INJURY	(Month) (Day) (Year	WHILE AT NO	CCURRED 21F, HOW DID INJURY	OCCUR?	
	22. I here	1 -	tended the deceased from	n 3/24 , 1957, to	he causes and on the de	
	- Company of the Comp	may R. Jeh	Levy M	238. ADDRESS	n an 23	C DATE SIGNED
TIC	A. BURIAL.	2 Mar. 2	5-1852 Holes	Cross A.	A. Co.	Ainty) (State)
M	AR 24 1		+ Williamin A	25. FUNERAL DIRECTOR	uski 2007E	estern.
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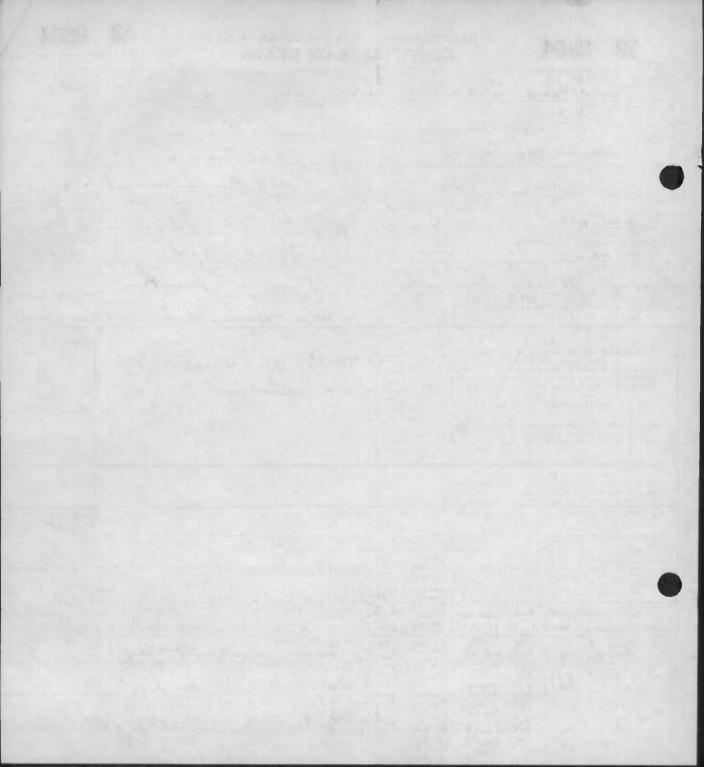
52 2864 BALTIMORE CITY HEALTH DEPARTMENT 52 2864 Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) Canoline Elizabeth 3-23-52 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write PORAL and give INSTITUTION Union Memo ET ADDRESS (If rural, give location) Yrs. Styers. Mos. 530 Marthwood c. Length of stay in Baltimore Davs SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years If Undo I Year If Under 24 Hours last birthday) Months Days Hours Min. 5. SEX 6. COLOR OR RACE 10A. USUAL OCCUPATION (Givekind of) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? usa mare 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. AMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. NO INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY PARCINOMA OF GALLISLADDER LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, local metastases injury or complication which caused death.) ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE GEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH O. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED 3-10-52 19 to 3-23-52, 19 , that I last saw the 22. I hereby certify that I attended the deceased from. deecased alive on 3-22-52 19 and that death occurred at 2 2 a.m., from the causes and on the date stated above. 23A. SIGNATURE 24A. BURIAL, CREMA-24C. NAME OF CEMETERY OF CREMATORY TION, REMOVAL (Specify)

25. FUNERAL DIRECTOR

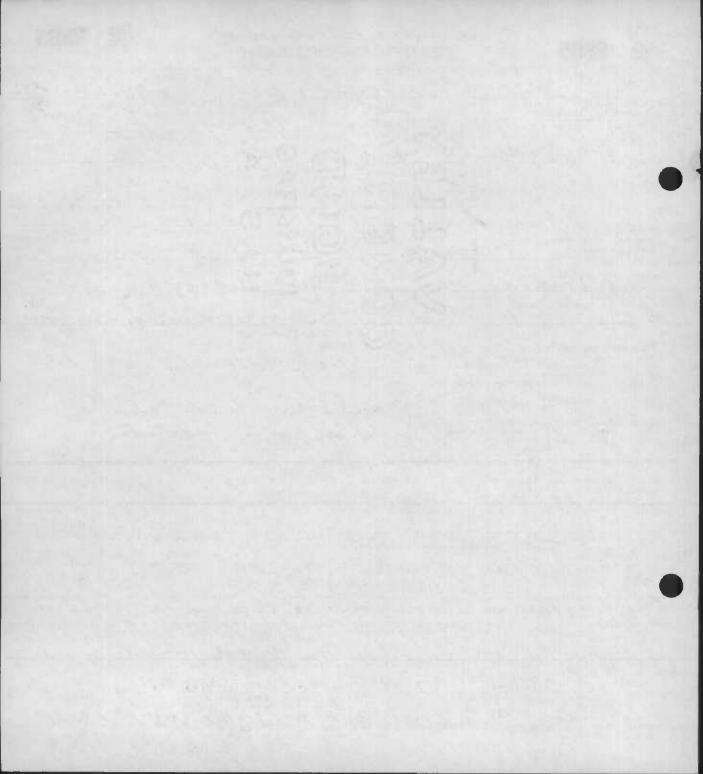
DATE RECEIVED BY

LOCAL REGISTRAR

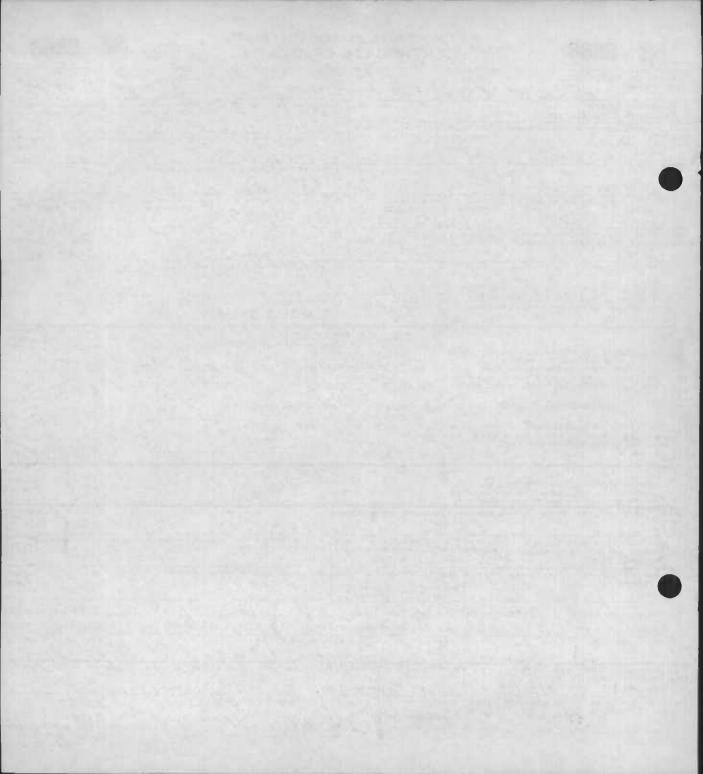
REGISTRAR'S SIGNATURE



- (30		BAL	TIMORE	CITY HE	ALTH DEPART	MENT		52 ered No	286	5
Bil	ятн. 52	2865		CERTII	FICATE	OF DEATH	Н	Registo	ered No		9
	NAME OF pe or Print)		d Ben	ton (Troth	haus lo.		OF DEATH 2	narch	221	1952
W		City, Maryland				4. USUAL RESIDE	NCE (Whe	re deceased li B. COUN		ution: resi	
HC	FULL NAME SPITAL OR STITUTION	Maryland	0		location)	c. CITY OF TOWN	(If our	tside corporat	e limits, wr		and give township)
	Dogth of	stay in Baltimore	5		Yrs. Mos.	D. STREET ADDRE	SS (If rur	ral, give locati	(on)		
	m i	6. COLOR OR RAC	7. SINGLE WIDOW	MARRIED ED, DIVORO	CED (Specify)	8. DATE OF BIRTH 9an. 15/88.	2	20	y) Months		
work	Bookke FATHER'S		ed)		INDUSTRY	11. BIRTHPLACE (S Baltimo 14. MOTHER'S MAI	re.	maryla		WHAT CO	DUNTRY?
	Davi	d Brotha	us			mary 1	Pedd	uzzi			
(Yes.	no or unknows	SED EVER IN U. S. ARI	ates of service)	16. SOCIA SECUE	RITY NO.	Mr. David F	0 0 +	00	ADDR		Rd.
CERTIFICATION	(This do heart fai injury of DISEASI RISE TO UNDERL	ASE OR CONDITIO LEADING TO DE ten not mean the mod lure, asthenia, etc. It is complication which ANTECEDENT CA ES OR CONDITIONS THE ABOVE CAUSE (LYING CONDITION SIGNIFICANT CON IS GTO THE DEATH, BE DISEASE OR CONDITION	EATH e of dying, e. g. eans the disease caused death. USES , IF ANY, GIVIN A) STATING TH LAST. IDITIONS CON UT NOT RELATE!	(B) G DUE TO (C)		many oce Twi heart- otic care	luor failu vore			ONSET AN	
AL	19A. DATE	OF OPERATION	19B. MAJOR	FINDINGS	OF OPERA	TION	17-11-1	Unit 5		20. AUT	OPSY7
IEDICA		DENT WAS UNDER OR CONTRIBUTING DEATH		CE OF INJURY OF THE COMMENT OF THE C	URY (e. g., in eet, office bldg., et	er 21c, WHERE DI		n Baltimore	City, give		
Σ	2 ID. TIME	(Month) (Day) (Ye	w	HILE AT WORK	NOT WHILE	D 21F, HOW DID	INJURY C	OCCUR?			
		by certify that I alive on march			eath occurr		from the		on the do		d above.
24 TIO	A. BURIAL. N. REMOVAL Buri	(Specify)			athedra	Y OR CREMATORY	24D. LOC	ATION (City			(State)
	TE RECEIV		R'S SIGNATU			STAN .		bener	XX	DRESS	
	VS 150	1)000	8					Batt	o n	nd	2

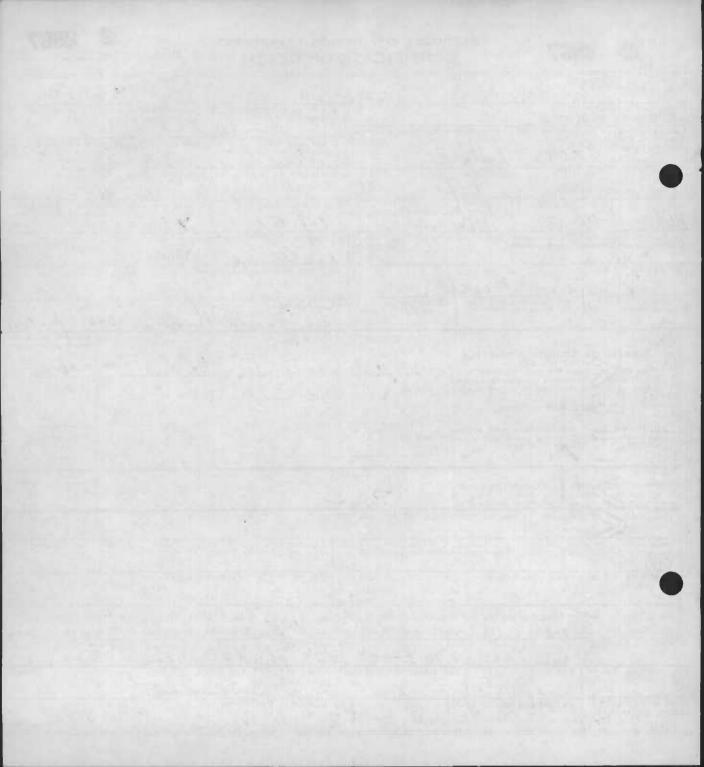


BI	36 RTH NO.	2866	BAI	CERTIFICATI			Registere	52 2	2866
	NAME OF ype or Print	DECEASED HELEN	L GG	WIRY			2. DATE OF DEATH	103/	152
3.	PLACE OF	DEATH: City, Maryland	1/		4. USUAL RESIDI	ENCE (Whe	re deceased lived		: residence ore admission)
B. HO IN	FULL NAM SPITAL O STITUTION	E OF (If not in hos)		ion, give street address or location)	c. CITY OR TOWN	IND (If our 10R=	tside corporate li	mits, write RI	
		stay in Baltimore	0000	Yrs. Mos.	D. STREET ADDRE	ESS (If run	ral, give location)	Cere	Ko.00
5.	SEX	6. COLOR DR RAC	E 7. SINGL	Days E. MARRIED.	8. DATE OF BIRTH		AGE (In years		If Under 24 Hours
	F	w	WIDOW	VED, DIVORCED (Specify)	+3/31/	12	last birthday)	Months Days	Hours: Min.
		OCCUPATION (Give kind set of working life, even if retire		O OF BUSINESS OR	V COS		ign country)		ZEN OF T COUNTRY?
13	. FATHER'S	NAME			14. MOTHER'S MA		E		
	1 te	best 1	mu						
(Ye	. WAS DECE	ASED EVER IN U.S. ARM	ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Hospital I	Records		ADDRESS	
CERTIFICATION	DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TD OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED								
L		OF OPERATION		FINDINGS OF OPER				20.	AUTOPSY?
IEDICA	LYING	IDENT WAS UNDER OR CONTRIBUTING	1	ACE OF INJURY (e. g., is ferm, factory, street, office bldg.,			in Baltimore Cit	yes y, give exact	
M	D. TIME	(Month) (Day) (Yes		21E. INJURY OCCURR WHILE AT WORK		INJURY (OCCUR?		
		eby eertify that I of alive on 3/22	ttended the	deceased from and that death occur	/// , 195	Ho, from the	/ / /	n the date s	ATE SIGNED
	AA. BURIAL ON, REMOVAL	(Specify)	/52	24c. NAME OF CEMETE Mt. Hebron			ester. Va		(State)
	ATE RECEI	VED BY REGISTRA	R'S SIGNATI		25 FINERAL DIE		ener Y	ADDRE	ss
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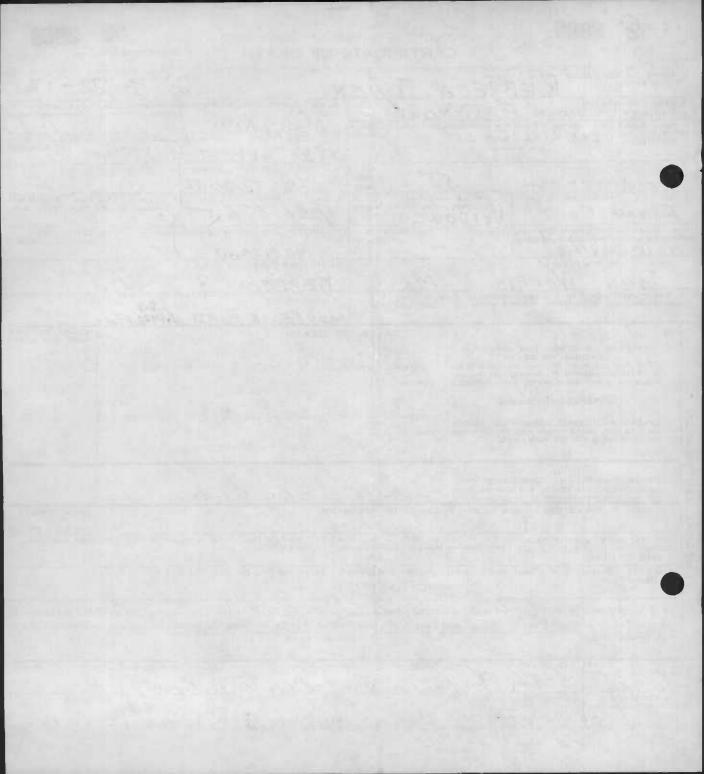


11 .	-71			
1 6)) 0		52	2867
	59 9029	E OF DEATH	Registered No	
В	RTH NO.	E OF DEATH	Tregistered 140	
(7	NAME OF DECEASED TRAPER PIND.	ER	2. DATE OF DEATH	21.50
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (WI	here deceased lived. If in	stitution : residence before admission)
В.	FULL NAME OF (If not in hospital or institution, give street address or		rel	before admission)
	INSTITUTION 504 W. Saferette (Gre	c. CITY OR TOWN (If o	outside corporate limits,	write RURAL and give
	Yrs.	D. STREET ADDRESS (If r	ural, give location)	
	Length of stay in Baltimore Life Mos. Days	504 Lofael	le close V	V.
5	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH		der I Year If Under 24 Hours hs Days Hours Min.
1 C	A. USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country) 1:	2. CITIZEN OF
	Me not morning me, or on in recircal	Maillenard	Mol	WHAT COUNTRY?
13	FATHER'S NAME	14. MOTHER'S MAIDEN NA	ME	
-	Laper Pender	and physical programme and the control of the contr		
(Ye	. WAS DECEASED EVER IN U. S. ARMED FORCES? s, no or unknown) (If yee, give war or dates of service) 16. SOCIAL SECURITY NO.	12 INFORMANT	1/ /	PRESS Coke Valo
	18. 447 X CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	. 0 -0-	£ 0	ONSET AND DEATH
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	riosellevitie	Cardio =	168400.
	injury or complication which caused death.) DUE TO	were roud of	weare.	
	ANTECEDENT CAUSES	wer a new ou	010010	
TION	DISEASES OR CONDITIONS, IF ANY, GIVING	***************************************		
ATI	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.			
FIC/	(C)		•••••••••••••••••••••••••••••••••••••••	***************************************
E	OTHER CICMEICANE CONDITIONS		We Double Telephone (A. V. Venico) Strong and Control of the Contr	THE REAL PROPERTY OF THE PARTY
ERTI	OTHER SIGNIFICANT CONDITIONS CON-	0_		
U	TO THE DISEASE OR CONDITION CAUSING IT	ATION		20. AUTOPSY?
AL	Hone			YES NO
EDICA	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., c	or 21c, WHERE DID (If INJURY OCCUR?	in Baltimore City, give	e exact location)
Σ	D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F, HOW DID INJURY	OCCUR7	
	INJURY WHILE AT NOT WHILE MORK AT WORK			
		anuars 195 V to Ma	reli 21 195 2	that I last saw the
	deceased alive on 3 2/1 , 195 V, and that death occur		e causes and on the	
		3B. ADDRESS		23c. DATE SIGNED
-	Rule L. Carr 14. D. M. D.	1427 Mad 100	ulle-	5.24.52
1	A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOC	CATION (City, town, or	county) (State)
A	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	acq	DDBECC
	MAR A 195 Huntington Williams Met.	25. FUNERAL DIRECTOR	1 638	M-9 sleng
	MAN Z 4 1902 / Manual 1 19 1	mine uno	auro.	- way

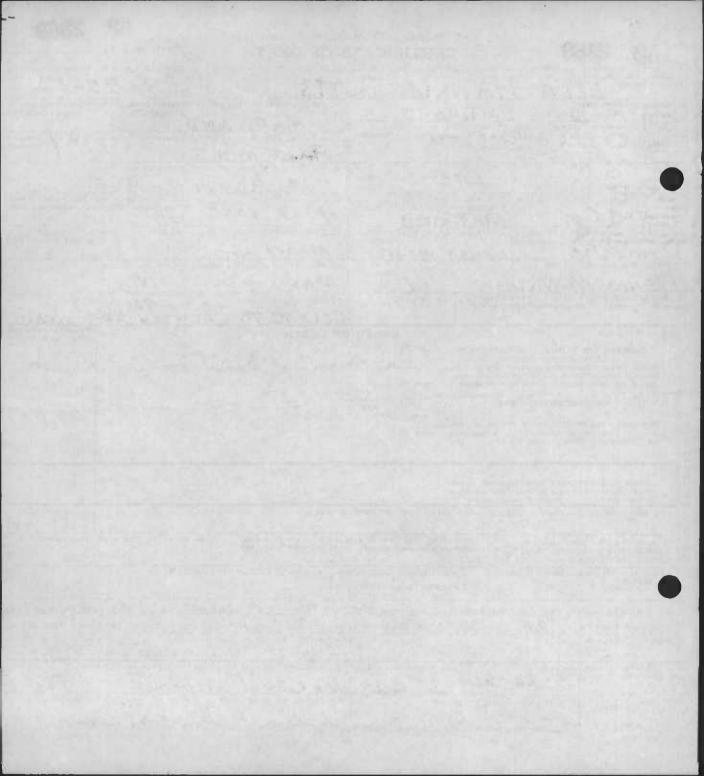
400. 38 H. 9 ilus



4	1658	2868	BAÍ	TIMORE CITY HE	EALTH DEPARTMENT	52 Registered No	2868
	RTH NO.			CERTIFICATI	E OF DEATH		
(7	NAME OF D 'ype or Print)	ICE	BREC	A TYLE		DEATH	22-52
A.	Baltimore (City, Maryland	BALT		4. USUAL RESIDENCE (W	here deceased lived. If in B. COUNTY	stitution: residence before admission)
		1825 APPL				outside corporate limits.	write RUKAL and give
	MU			Yrs.	D. STREET ADDRESS (If I	rural, give location)	
C.	ngth of s	tay in Baltimore		55 Mos:	BALTIMO		
5.	SEX EMAL	6. COLOR OR RAC		E, MARRIED, (Specify)	1/22/1878	9. AGE (In years last birthday) Mon	nder i Year H Under 24 Hours ths: Days Hours : Min.
	k done during most	CUPATION (Give kine of working life, even if retir		OF BUSINESS OR	an Ar	reign country)	2. CITIZEN OF WHAT COUNTRY
13	FATHER'S	WIFE NAME			MARYLAND 14. MOTHER'S MAIDEN NA	ME	- 1
	JOH	N WORL	RIS	Md	REBBECA	? 1	d
15 (Ye	. WAS DECEASI	ED EVER IN U. S. ARI	IED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	1825 AD	DRESS
				020011111101	HORTENSE FOR		IN. ST.
	18. 44	3 × 1		CAUSE	OF DEATH		INTERVAL BETWEEN
		LEADING TO DE	HTA	7.	. O. Peres D. A.	1.	21
	heart failu	not mean the mod- ire, asthenia, etc. It n complication which	neans the diseas	e,		s reummes	209119
	mijury or	ANTECEDENT CA		., 552 10 ,			
Z				(B) Chroni	a myscarditis	garterioscle	n.e-
ATION	RISE TO T	S OR CONDITIONS THE ABOVE CAUSE (YING CONDITION	A) STATING TH		0- 0		
FICA	ONDERL	TING CONDITION	LAST.	(C) Den.	le degeneral	ia	
ERTIF	TRIBUTING	II SIGNIFICANT CON S TO THE DEATH, BU	T NOT RELATE	D Mubonto	isine cardio-	and in	
U		F OPERATION		FINDINGS OF OPER		on many ma	20. AUTOPSY7
AL		0					YES NO
MEDIC		ENT WAS UNDER CONTRIBUTING DEATH		ACE OF INJURY (e. g., i arm, factory, atreet, office bldg.,		f in Baltimore City, gi	ve exact location)
_	21D. TIME INJURY	(Month) (Day) (Ye		21E. INJURY OCCURR WHILE AT HOT WHILE		OCCUR?	
	22. I hereh	a certify that L	m.	deceased from Oct	They 1936 to Me	arch 3, 1952,	that I last sam the
	deceased a	live on March	2, 1952	and that death occur	rred at 9:000 m., from th		
	23A. SIGNA	TURE	-00	2	23B. ADDRESS	9	23C. DATE SIGNED
2	4A. BURIAL.	CREMA- 248. DATE		M. D. 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LO	OCATION (City, town, o	or county) (State)
	ON BEMOVALAS			MITCHLUM	BY PEN A 4	COUNTY	Md.
	ATE RECEIVE		R'S SIGNATU	JRE	25. FUNERAL DIRECTOR	016	ADDRESS
	MAR 2 4	1957 7/4	nunglow	Williams my	WILEIAM SI JA	CKSON PE	ENKA. HVE
			0		77-0		



3	20 RTH 78.	286	9				EALTH DEPART	MENT	Registere		2869
3. A.	PLACE OF Baltimore	E/ DEATH: City, M	LA aryland f not in hospi	tal or instituti	KINS NO RE.	BL address or	4. USUAL RESIDE		OF DEATH 3- re deceased lived B. COUNTY		ution: residence before admission)
HO	SPITAL OR STITUTION	92	2 AIRE		W.	Yrs. Mos.		MORE	side corporate l	1-	te RURAL and give township)
FE	MALE	Co.Co.Co	Baltimore OR OR RACE L ON (Givekindo	NAR	MARRIED, ED, DIVORCE RIED OF BUSINES		8. DATE OF BIRTH 4-22-	1888.	63	Months	Year H Under 24 Hours Days Hours Min.
ork		5716	ife, even if retired		11	NDUSTRY	MARYLA	TAY D			WHAT COUNTRY?
15. Yes,	no or unknown	ED EVER	IN U, S. ARME	D FORCES?	16. SOCIAL SECURI	TY NO.	17. INFORMANT	14 JA	CKSON.	[11	
	(This doe heart fail	LEADI LEADI es not mes lure, asthe	nia, etc. It me		,	arci	noma of t	tuit	erus ?	2	NOCE AND SEASON
CATION	RISE TO	ES OR CO		IF ANY, GIVIN		neto	istaria				le has.
CERTIFI	TRIBUTIN	G TO THE	DEATH, BUT	ITIONS CON NOT RELATE N CAUSING IT	D						
DICAL		DENT W	AS UNDER-	1 218. PLA	CE OF INJU	RY (e. g., i	in or 21c. WHERE D		n Baltimore Ci	ty, give e	YES NO Page No
ME	YAULAI	(Month)	(Day) (Year	m,	VHILE AT WORK	NOT WHILE					
-	deceased of	ATURE	19/01	Leces	dceeased fr and that dec	m. D.	erred at 1 m.	from the	eauses and o	n the da	at I last saw the te stated above C. DATE SIGNED
DA	A. BURIAL, p. REMOVAL LA RIA TE RECEIV CAL REGIS MAR 2	(Specify)	3-14 REGISTRAF	:-52	MITA	LABL	AR A CEM 25. FUNERAL DIR	0	TIMORE	16 ADE	Ma
	VS 150	1000	Henries	glow !	thisus.	,19	2084 6				



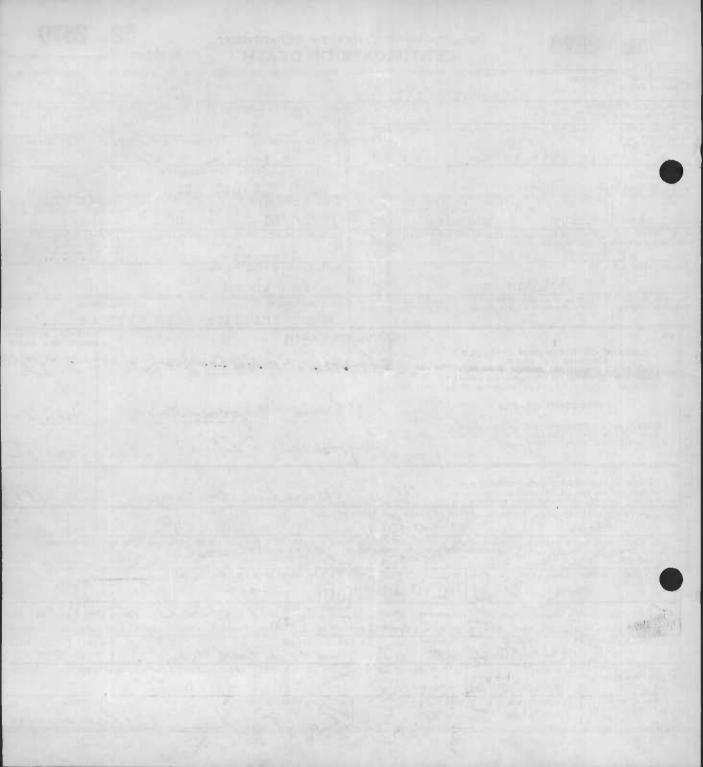
2870 BIRTH NO

VS 150

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 2870

Registered No .__ 1. NAME OF DECEASED 2. DATE (Type or Print) Elizabeth Phillips DEATH 3/21/52
4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 3518 Elliott St. Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 3518 Elliott St. Davs 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 5 SEX 6. COLOR OR RACE 9. AGE (In years | | Under | Year | | Under 24 | Hours | Months | Days | Hours | Min. 8. DATE OF BIRTH 12/30/81 female white married 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY at home Germany U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME not known not known 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. August Phillips 3518 Elliott St. INTERVAL BETWEEN 18. 422 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY arteriordirotei CV. Neces LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CONweeking bythem TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION MEDICAL and 21B. PLACE OF INJURY (e. g., in or about home, farm, netory, street, office bldg., etc.) 21c. WHERE DID (If in B (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING DR CONTRIBUTING TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT TOOK WHILE hose Dec 7 1957, to Leser 21, 1951, that I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on keer 20, 1962, and that death occurred at 5 2m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED M. D. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR

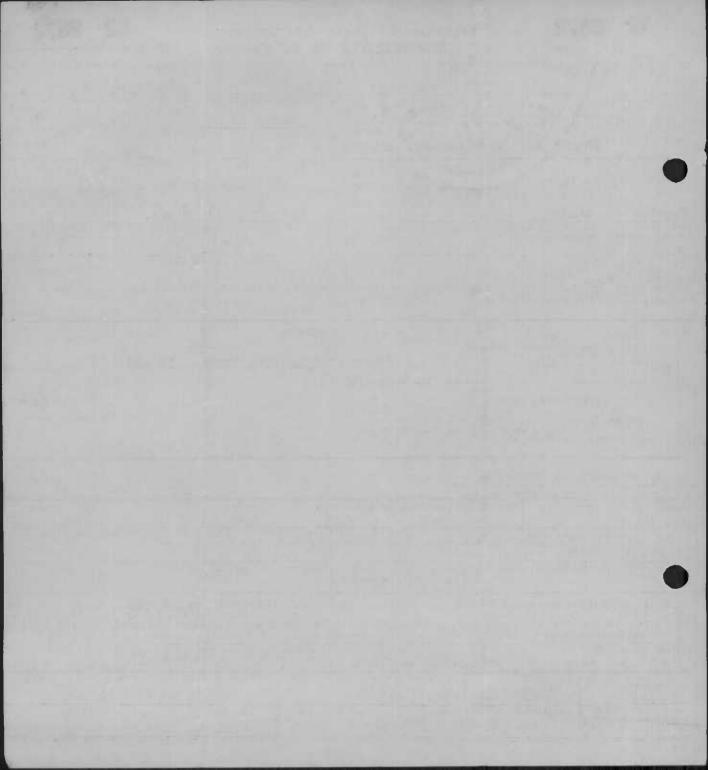


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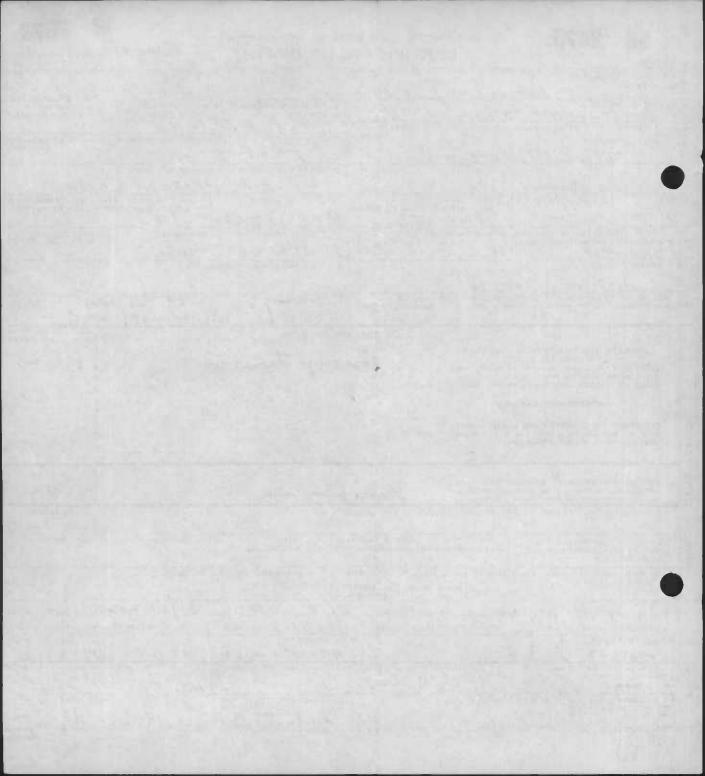
BIRTH NO. 48 - 21636 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No...

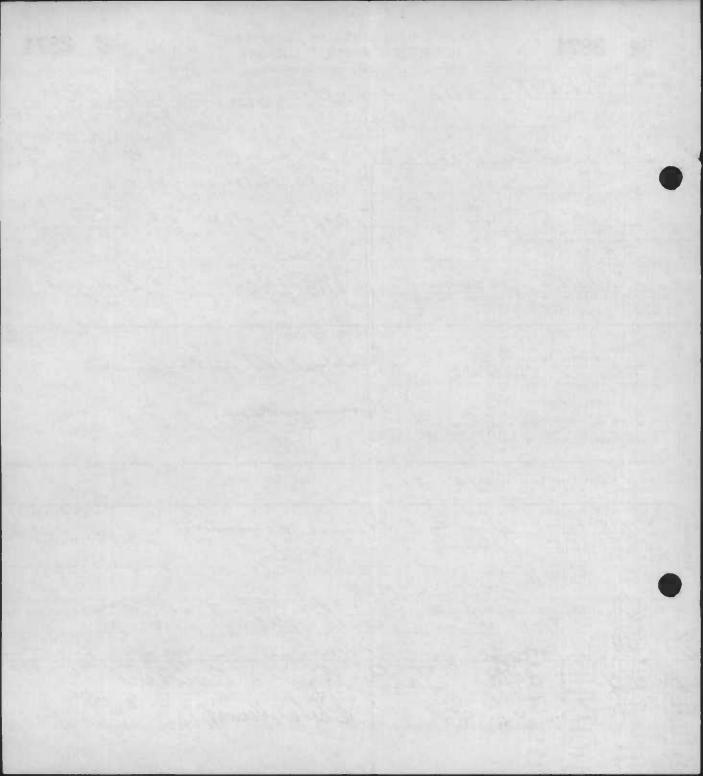
		V					
1. (T	NAME OF Dype or Print)		ANIELLE	1	POPIOLEK	2. DATE OF DEATH M	arch 22, 1952
3.	PLACE OF D	DEATH:		City Ma		NCE (Where deceased live	
_	FULL NAME	City, Maryland . OF (If not in hos		ion, give street address or		_	r before admission)
H	STITUTION			location)	C. CITY OR TOWN	(If outside corporate	limits, write RURAL and give
		South Bal	timore C	deneral Hospita		Lyn Park	(township)
	Length of	stay in Baltimore		Yrs. Mos. Days		SS (If rural, give location lfth Avenue	n)
	SEX	6. COLOR OR RAC	E 7. SINGL	E. MARRIED.	8. DATE OF BIRTH	9. AGE (in year	s II Under 1 Year II Under 24 Hours
fe	emale	white	WIDOV	/ED, DIVORCED (Specify)	October 2		Months Days Hours Min.
		CCUPATION (Give kind of working life, even if retir	IOF TOB. KINE	O OF BUSINESS OR	11. BIRTHPLACE (S	State or foreign country)	12. CITIZEN OF
MOLI	done during most	of working life, even if retir	ed)	INDUSTRY	Baltimore	. Id.	WHAT COUNTRY?
	. FATHER'S				14. MOTHER'S MA		
21	ilton	A. Popiole	k		Ellexenia	C. Knight	
15 (Yes	. WAS DECEAS	ED EVER IN U. S. ARM	MED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
`				020011111111111111111111111111111111111	Illaxenia	C. Popiolek	306, 5th Ave.
	18.	1 × .		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEA	SE OR CONDITIO	N DIRECTLY				ONSET AND DEATH
	(This doe	LEADING TO Dies not mean the mod	e of dying, e.	g., (A) Acute	pharyngitis	bronchitis an	d
		ure, asthenia, etc. It r complication which			onitis		
		ANTECEDENT CA	USES	-			
_				(B)	***************************************		
NOIT	RISE TO	S OR CONDITIONS	A) STATING T				
AT	UNDERL	YING CONDITION	LAST.	(C)			
ERTIFICA		11					
EL		SIGNIFICANT CON					
CEF	TO THE C	DISEASE OR CONDITI	ON CAUSING	Т			
	19a. DATE	OF OPERATION		FINDINGS OF OPER			YES NO
EDICAL	UNDERLYIN	NAL CAUSE WAS IG OR CONTRI CAUSE OF DEAT	B - about home,	ACE OF INJURY (e. g., i farm,factory,street,office bldg.,	n or 21c. WHERE D		ity, give exact location)
₹	ID. TIME	(Month) (Day) (Ye	ur) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
L	FINJURY		m.	WHILE AT NOT WHILE			
	22. I certa	ify that I took ch	arge of the	remains described of	bove, held an ins	spection & inquatory, Inspection or Inqu	iry thereon and from
	the ev	idence obtained to eath in my opinion	n resulted	ppsy, Inspection or I from: natural causes	Inquiry, find that		n the day stated above,
	1///	uley &	. De	uladur		DICAL EXAMINER DEDICAL EXAMINER	March 22. 1952
2.4 TIC	A. BURIAL, ON, REMOVAL (CREMA- 248. DATE		24c. NAME OF CEMETE	RY OR CREMATORY		
B	urial	3/24/		Mt. Olivet		Baltimore,	
	TE RECEIVE	TRAR	R'S SIGNATU	Marin, And	25 FUNERAL DIR	leming I426	ADDRESS
V	S 151	7.61	-				



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) IAND. B. FULL NAME OF (If not in hoapital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN fif outside corporate limits, write RURAL and give INSTITUTION ORRISEN OURT Yrs. (If rural, give location) Mos. ength of stay in Baltimore ORRISO N Days 5. SEX 6. COLOR OR RACE If Under 1 Year If Under 24 Hours 7. SINGLE, MARRIED 9. AGE (In years) WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours: Min. ARRIED. 19,1883 II. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 12. CITIZEN OF work domeduring most of working life, even if retired) INDUSTRY WHAT COUNTRY? OREMAN ALTIMORE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME DEORGE 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT 4122 MORREPORTS SECURITY NO. 18. 470 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO RTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION CA 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE! WHILE AT WORK 1952 to 195 that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on 3/2/ 1952 and that death occurred at 7:45 Pm., from the causes and on the date stated above. 23A SIGNATURE 23c. DATE SIGNED Siche Cy 07 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24G. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24B. DATE DATE RECEIVED BY FUNERAL DIRECTOR ADDRESS LOCAL REGISTRATE Imarias VS 150



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Elizabeth Cunningham DEATH 3. PLACE OF DEATH 1. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION Maryland Gon. Hosp D. STREET ADDRESS (If rural, give location) Mos. 2431 Jefferson St ngth of stay in Baltimore Life Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9 AGE (In years | | Under | Year | | M Under 24 Hours | Iast birthday) | Months: Days | Hours | Min. Wid 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? non 13. FATHER'S TAME 14. MOTHER'S MAIDEN NAME man 15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE QUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF, OPERATION , 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 218. PLACE OF INJURY (e.g., in or | 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE! WHILE AT WORK 1952 195 that I last saw the 22. I hereby certify that I attended the deceased from. 21 1952 and that death occurred at 12:30 km. from the causes and on the date stated above. deceased alive on 23A. SIGNATURE 23B, ADDRESS 248. DATE 24A BURIAL, CREMA-24C. NAME OF CENETERY OUR 240 ON City, town, of county) A ADDRESS DATE RECEIVED 8Y REGISTRAR'S SIGNATURE



52 2875 BALTIMORE CITY HEALTH DEPARTMENT Registered No ._ CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) insell OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE before COUNTY arlmissle) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION Yrs. rival, give location Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED 9. AGE (In years) # Under 1 Year RCH31, 1874 last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) 10A, USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF work done during most of working life, even If retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MALDEN NAME LARK UNKNOWN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 1015 CATHEDRAL ST. (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. RHODIE KINSELLA BALTO, I, MO INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ü 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION | 20. AUTOPSY EDICAL 21A. ACCIDENT WAS UNDER 218 PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY NOT WHILE WHILE AT AT WORK WORK , to 3 22. I hereby certify that I attended the deceased from 3/2 , 19_, that I last saw the deceased alive on 19 Tand that death occurred at 12 m., from the causes and on the date stated above. 23A, SIGNATURE 23B. ADDR 23c DATE SIGNED 24A. BUBIAL CREMA-DATE \$24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24B

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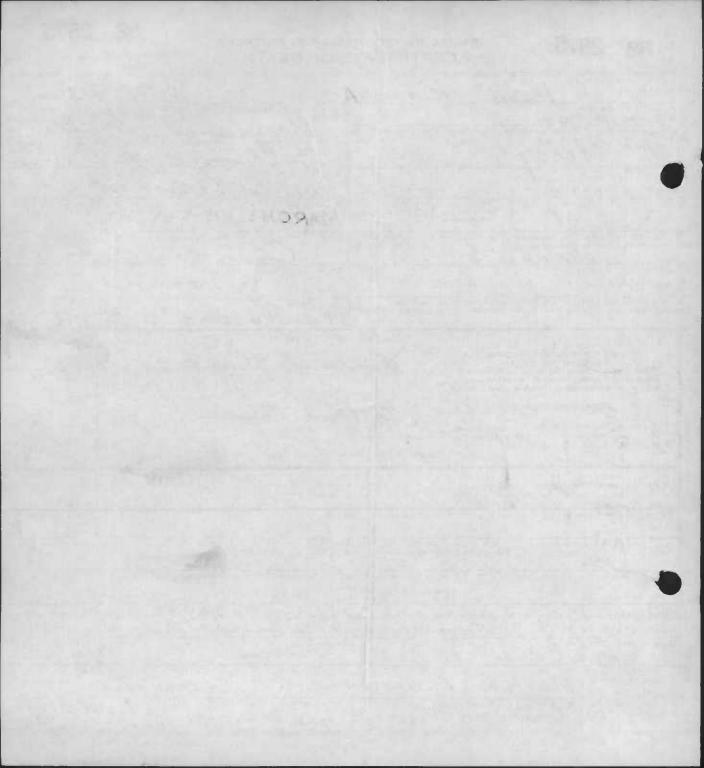
HICAGO

25. FUNERAL DIRECTOR

ADDRESS

TION REMOVAL (Specify)

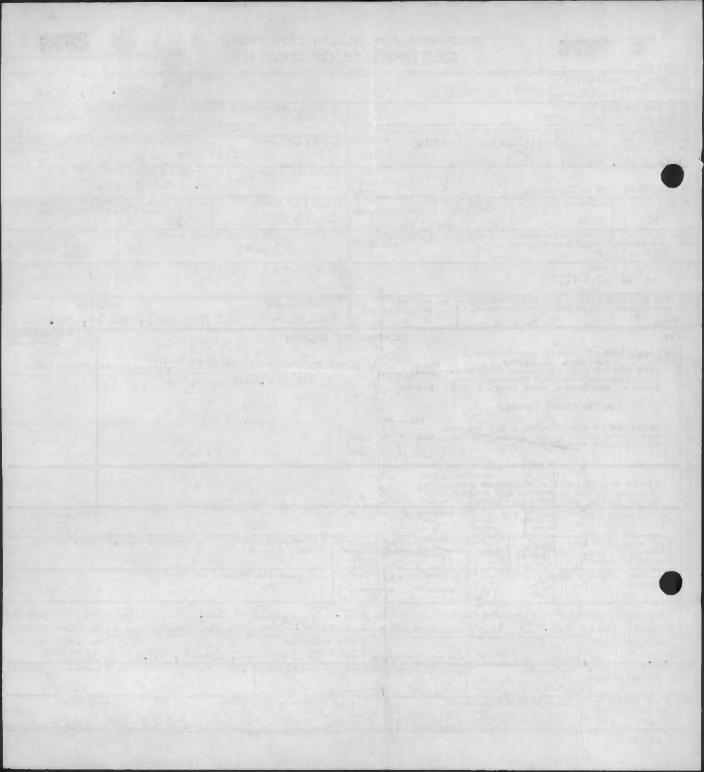
DATE RECEIVED BY LOCAL REGISTRAR 27



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 2876 Registered No.

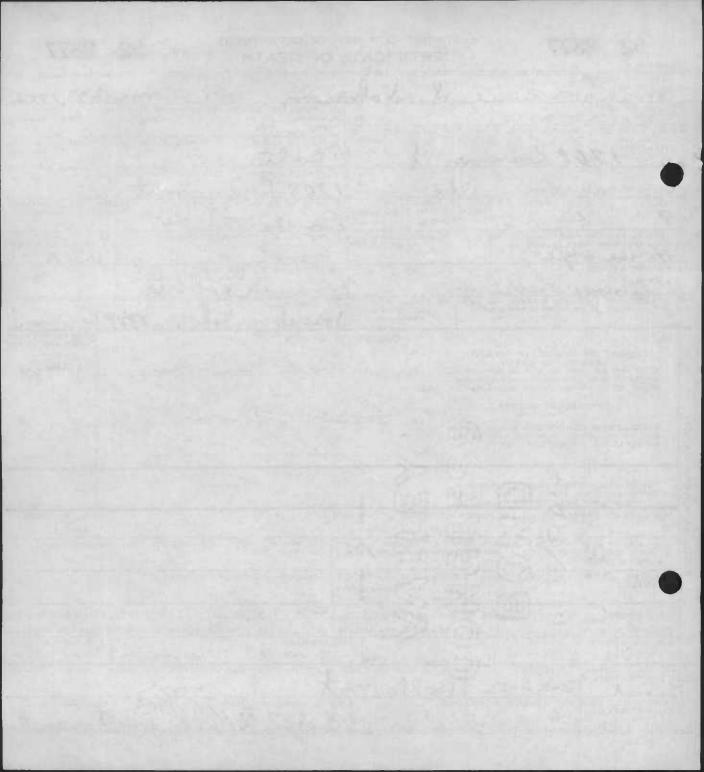
BIRTH NO.								
1. NAME OF (Type or Print)	JOHN ALBERT	MC INT	YRE		2. DATE OF Ma	r. 21, 1952		
3. PLACE OF A. Baltimore B. FULL NAME	City, Maryland	al or institut	ion, give street address or	4. USUAL RESIDENCE (V A. STATE Maryl	B. COUNTY	If institution: residence before admission)		
HOSPITAL OR INSTITUTION	US Public He Hospita	alth Se	ervice Location)		outside corporate/lin	township)		
	stay in Baltimore	0 20166	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 1001 St. Paul Street				
5. SEX	6. COLOR OR RACE		MARRIED. (ED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10/12/88	Months Days Hours Min.			
10A. USUAL O rork done during mos Supervi	CCUPATION (Give kind of tof working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Oklahoma	preign country)	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S John	Mc Intyre			14. MOTHER'S MAIDEN N. Frances Holte				
15. WAS DECEA	SED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS		
Yes	WW I- I		SECURITY NO.	Records- US PHS	Hospital.			
(This do heart fail in jury of the property of	LEADING TO DEATES NOT MEAN TO DEATES NOT MEAN TO DEATES NOT MEAN TO DEATES NOT MEAN TO DEATE SOME THE ABOVE CAUSE (A). YING CONDITION LA DISEASE OR CONDITION LA DISEASE OR CONDITION LA DISEASE OR CONDITION LA DISEASE OR CONDITION CONDIT	I'H of dying, e. g ns the diseas aused death SES F ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE CAUSING I'	(B)		with myceard			
A ISA. DATE	OF OPERATION 1		FINDINGS OF OPER			YES X NO		
LYING CAUSE OF	DENT WAS UNDER- OR CONTRIBUTING DEATH		CE OF INJURY (e. g., in arm, factory, street, office bldg., e		I in Baltimore City	, give exact location)		
P. TIME INJURY	(Month) (Day) (Year)		21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK	21F. HOW DID INJURY	OCCUR?			
deceased of	TICK NECICAL CREMA- Specify) ED BY REGISTRAR	7/5 2	Pin Charge D. 2 24c. NAME OF CEMETER Balts, Vator	red at 10:55Am., from to 38. ADDRESS S PHS Hospital, E		3/21/52		
1/0 150		()	7/	44	17	1		



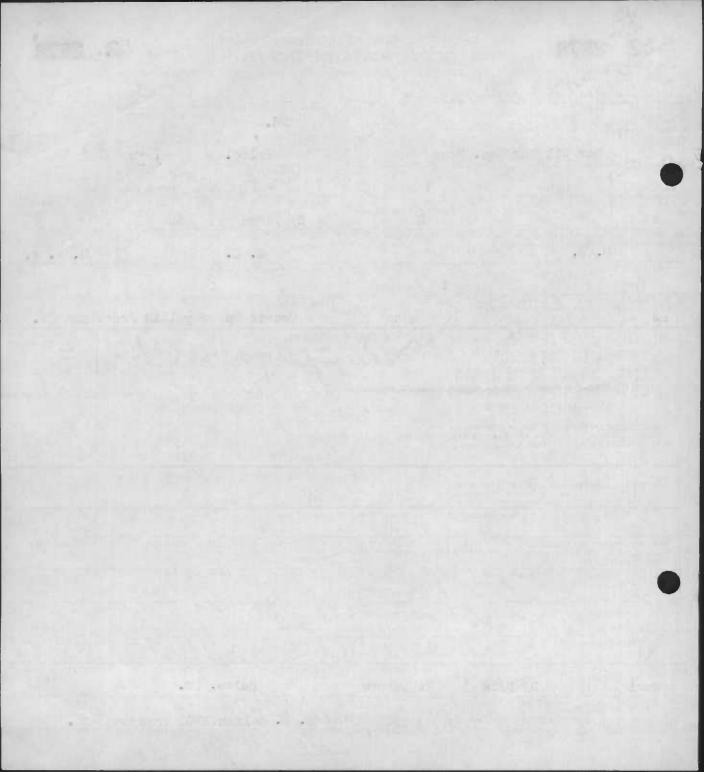
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registe 52 No. 2877

В	IRTH NO.								
1. (T	NAME OF DE	CEASED		9	1.0		2.	DATE OF	-6-23
	PLACE OF DE Baltimore Ci	ATH:		o.	8 676	4. USUAL RESID	ENCE (Where	deceased lived, I	f institution; residence before admission)
H	FULL NAME O OSPITAL OR ISTITUTION	708 Lor	al or institution	on, give str	eet address or location)	c. CITY OR TOWN	N (If outs	ide cerporate light	tts, write ROBAL and give township)
		ay in Baltimore	Si.	e	Yrs. Mos. Days	1708 L	ESS (If rura	l, give location)	
5.	7	C. COLOR OR RACE			D. RCED (Specify)	FLC 22/	877 9.		If Under 1 Year on this Days Hours Min.
WOT.	A. USUAL OCC k done during most of the control of t	UPATION (Give kind of working life, even if retired)	108. KIND	OF BUSI	NESS OR INDUSTRY	11. BIRTHPLACE	State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
	Willia	in Las	sery			maria	h Rol	erts	
(Ye	s, no or unknown)	EVER IN U. S. ARME (If yes, give war or date	D FORCES	16. SOCI	JRITY NO.	Joseph >	n.John	von 170	& formant
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) (B) (B) (CAUSE OF DEATH (A) (A) (COURT TO								INTERVAL BETWEEN ONSET AND OEATH	
CERTI	TRIBUTING TO THE DEATH, BUT NOT RELATED								
DICAL	19a, DATE OF		9B. MAJOR				774	N. N.	YES NO
MEDI									give exact location)
TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? MHILE AT NOT WHILE AT WORK AT WORK									
	22. I hereby certify that I attended the deceased from 3 15 , 1952 to 3 22 , 1952, that I last saw t deceased alive on 3 - 22 , 1952, and that death occurred at 5 A m., from the causes and on the date stated about 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNE 23C. DATE SIGNE 24C. NAME OF CEMETERY OF CREMATORY 240. LOCATION (Cyty, town, or county) (State								
	4A. BURIAL, CR ON, REMOVAL (Spe	3-26-	52	Bal	to w	at	~	TION (City, town	
	MAR 2 4		s SIGNATUI	RE VILLA	A MO	Biog ?	51/64	1303	stmant.
	VS 150		0		-				



BALTIMORE CITY HEALTH DEPARTMENT Registered R CERTIFICATE OF DEATH BIRTH NO 1. NAME OF SECEASED (Type or Print) OF DEATH > 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Bar Wil Bar Con. Home Balte. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days AGE (in years | | | Under | Year | | Under 24 Hours | last birthday) | Months Days | Hours | Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) 1886 65 10A. USUAL OCCUPATION (Givekindof) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY N. C. U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) 218 none Deosia Oneswby 1513 Presstman St. INTERVAL BETWEEN 18. CAUSE OF DEATH legia Rt (old ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. $\bar{\upsilon}$ 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH TIME (Month) (Day) (Yenr) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? WHILE AT WORK 19 that I last saw the 22. I hereby certify that I attended the deceased from 2 and that death occurred at 3 a deceased alive on m., from the causes and on the date stated above. 23A. SIGNADURE 23B. ADDRESS 23c. DATE SIGNED 24A. BORIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, lown, or county) Burial Mt Auburn Balto. Md. DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR Kelsen 1303 Presstman St. VS 150

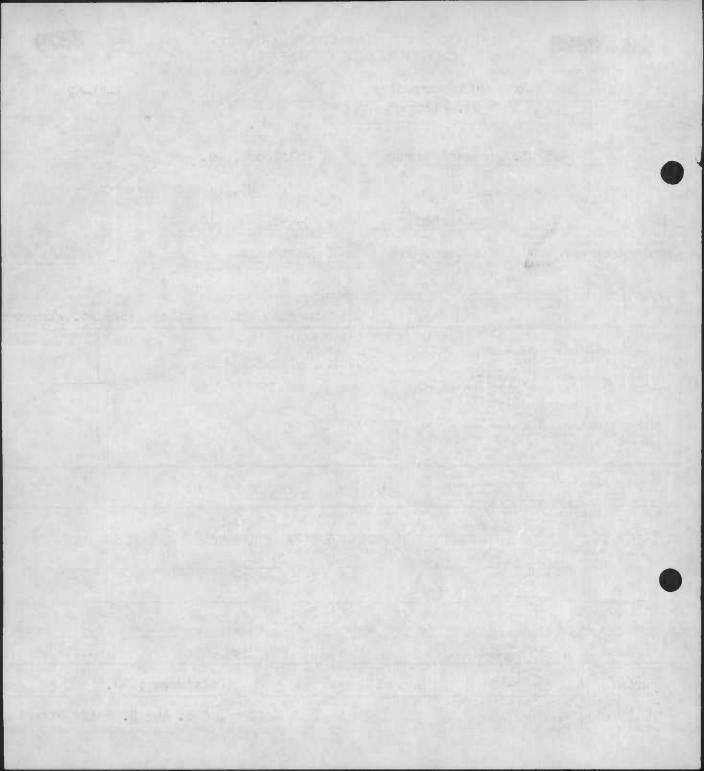


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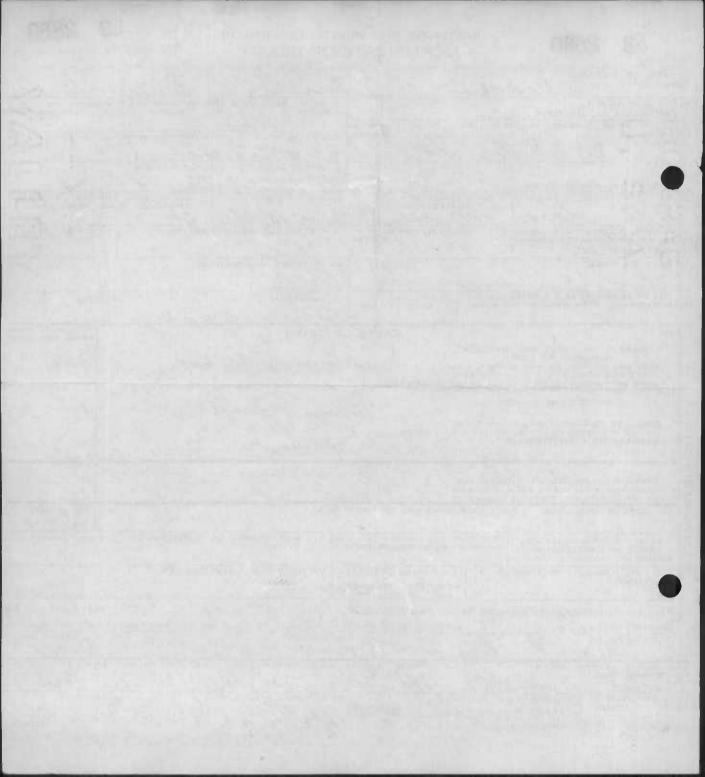
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 2879
Registered No.

BI	RTH NO.			CERTII ICAT	L OI DEATH		
	NAME OF D	Joh		chenreuther		2. DATE OF DEATH 3	-21-52
Α.		lity, Maryland		Fleasant Ave	4. USUAL RESIDEN	CE (Where deceased lived, If a B. COUNTY	institution : residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION			on, give street address or location)	C. CITY OR TOWN	(If outside corporate limits	write AFIAL and give
A		3015 Mt.	Preasa	nt Avenue	Baltimore	(If rural, give location)	
_	Longth of s	tay in Baltimore	Iá	Mos.	4.	. Fleasant Avenu	
	SEX	6. COLOR OR RACE	7. SINGLE	. MARRIED.	8. DATE OF BIRTH	9. AGL (in years) If	Buder I Year Il Buder 24 Hours
	М	W	Ma	ED.DIVORCED (Specify) rried	2-2-64	78	nths Days Hours Min.
worl	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sta	te or foreign country)	12. CITIZEN OF WHAT COUNTRY?
_	Maontenar		Tin D	eco. Co	Baltimore		USA
13	. FATHER'S N	IAME			14. MOTHER'S MAID	EN NAME	
	?		?		?	?	
(Ye	. WAS DECEASE a, no or unknown)	D EVER IN U.S. ARMEI (If yee, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Catherine Ko		DDRESS 5 Mt. Fleasan
	18. / 1			CALISE	OF DEATH		INTERVAL BETWEEN
CERTIFICATION	(This does heart failu injury or DISEASES RISE TO T UNDERLY	E OR CONDITION LEADING TO DEAT not mean the mode of re, asthenia, etc. It mean complication which of ANTECEDENT CAUS OR CONDITIONS, IN HE ABOVE CAUSE (A) TING CONDITION LA II IGNIFICANT CONDITION TO THE OBATH, BUT SEASE OR CONDITION SEASE OR CONDITION	TH f dying, e. g ns the disease aused death. ES F ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE	(B)	my Hu	rlm	ONSET AND DEATH
١	19A. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
CA			L ata mi		101-11115	de to politica di	YES NO
IEDICA		ENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g., i arm,factory,street,officebldg.,		(If in Baltimore City, g	rive exact location;
~	TIME INJURY	Month) (Day) (Year)	V	21E. INJURY OCCURR		NJURY OCCUR?	
m. WORK AT WORK						2101 -	
	deceased al			and that death occur		rom the causes and on th	
1	23A. SIGNAT	H and	Zonen	м. о.	38. ADDRESS	a v	3 LY SI
710	AA. BURIAL, CON, REMOVAL (S Buria	pecify) 3-25	- 52	Sacred He		Baltimore, Mo	
D,	ATE RECEIVE	BY REGISTRAR	s SIGNATU	diames his	25. FUNERAL DIRECT	er, Inc. 403 S.	ADDRESS Wolfe Street
=	VC 150		77 7	there is in the same of the sa	2876		



4	F1 6	2	880		TIMORE CITY HE	EALTH DEPARTMEN E OF DEATH	T Registered	52 No	2880
	NAME OF		SED /) .	1	2 01	. 1	2. DATE		/
(T	ype or Prin	1)	Decr	rard	- Tolar	borne	OF DEATH	arch	20/5-2
A.	PLACE OF Baltimore	City,	Maryland			4. USUAL RESIDENCE	(Where deceased lived. I B. COUNTY		n : residence efore admission)
	FULL NAM		(If not in hospit	al or institut	ion, give street address or location)	c. CITY OR TOWN	(If outside corporate in a	it	ADA1 3
	ISTITUTION		2 5/1 -	to.	11	C. CITT OR TOWN	(11 outside corporate in a	- Contest	township)
-		1000	Some	ac -	Yrs.		(If rural, give location)	-	
	Double of		D=14:		Mos.	423 016	t- 01		
5.	SEX		LOR OF RACE	7 SINGLE	Days E, MARRIED,	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year	I If Under 24 Hours
1	Mile	- 6	sloved		(ED, DIVORCED (Specify)	June 15 18	last birthday) N		
10 verl	k done during m	occupa out of working	TION (Give kind of ug life, even if retired)	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (State of	r foreign country)		IZEN OF AT COUNTRY?
13	FATHER	NAME	00.	0		14. MOTHER'S MAIDEN	NAME		
	Teta		Lach	HAR		(Heller			
15	. WAS DECE	ASED EVE	R IN U. S. ARMEI	D FORCES?	16. SOCIAL	17. INFORMANT,		ADDRESS	
(I e	M, BO OF URKBO	(a) (a)	res, give war or date	a or service)	SECURITY NO.	Lotter V	marine an		
	18.	N			CAUSE	OF DEATH	- Courty	INTE	RVAL BETWEEN
	4	ASE OR	CONDITION	DIRECTIV	0,1002	2 DEATH		ONS	ET AND DEATH
	(This d	LEAD oes not n	DING TO DEA nean the mode onenia, etc. It mes	TH of dying, e. g	e,	owney Total	Long	2	go
	injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ANTECEDENT CAUSES								
Z	DISEA	DISEASES OR CONDITIONS, IF ANY, GIVING						-	
Ĕ			OVE CAUSE (A)		E DUE TO	Ve. 10			
<u>Q</u>					(C)	Therework			
L			11						
E S	TRIBUT	ING TO T	ICANT CONDI HE OEATH, BUT OR CONDITION	NOT RELATE	D				
U .	19A. DAT				FINDINGS OF OPER	ATION		20	. AUTOPSY?
CAL			9					YE	s No
FDIC		OR CON	VAS UNDER-		CE OF INJURY (e. g., i arm, factory, street, office bldg.,		(If in Baltimore City,	give exac	t location)
Σ) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJU	JRY OCCUR?		
	וחראו			m.	WHILE AT NOT WHILE AT WORK				
	22. I her	cby ceri	tify that I att	tended the	deceased from 3	/17 , 19 67, to	3/20 , 196	12, that I	last saw the
	deceased	alive or	3/20	, 1952.	and that death occur	red at 5.3. Pm., from	n the causes and on		
	23A. SIGI	NATURE	~0	200	/ 2	3B. ADDRESS	1,		DATE SIGNED
	/	mu	2 1.	Clarker	M. D. 6	22N. 10mg	130	1 1	1/2/
TI	ON REMOVA	. CREMA. (Specify	Muda	24/57	24c. NAME OF CEMETE	MANY Care.	. C. Crust	n, or equit	State)
	ATE RECEI	VED BY	REGISTRAR	- 7	1981 11 ·	25. FUNERAL DIRECTO	R Can's	ADDRE	ss
L	MAD 9	-		nglon	Velliacus And	Mes. Orth. C	1. allestor	Dans	leter
	VS 150			5 to	7. U - 1	6 11404	0 0 1	0	
	V5 150				Pn.	112-9 11.	assens	75	
					021	10			

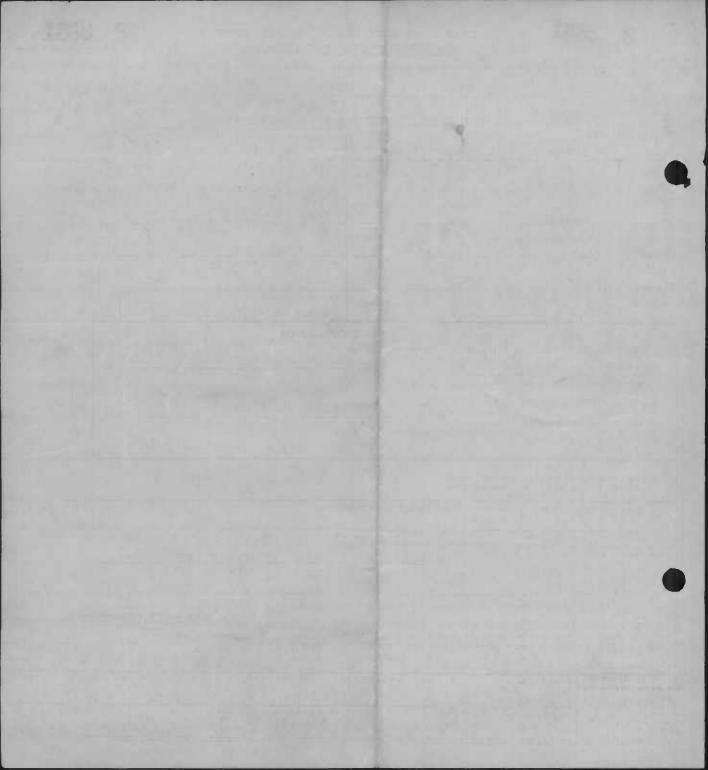


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 2881 Registered No.

BIRTH NO.				
1. NAME OF DECEASED (Type or Print)	ANDREW	HOOD	2. DATE OF DEATH March	21, 1952
3. PLACE OF DEATH:		4. USUAL RESIDENCE (
HOSPITAL OR	ospital or institution, give street address o location	maryland Maryland	f outside corporate limits,	
Johns Ho	opkins Hospital	Baltimore	4/1	16 township
	Yrs.	D. STREET ADDRESS (II	rural, give location)	
Length of stay in Baltimor			ond Street	
5. SEX 6. COLOR OR RA	CE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	1) Sept 14. 1914	9. AGE (In years last birthday) Month	der 1 Year Hunder 24 Hours hs. Days Hours Min.
10A. USUAL OCCUPATION (Givek) work done during most of working life, even if re	indof 10B. KIND OF BUSINESS OR INDUSTR'	11. SIRTHPLACE (State or 1	foreign country) 12	2. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	Dellucium seec Co.	14. MOTHER'S MAIDEN N	IAME	
P5. WAS DECEASED EVER IN U. S. Al (Yes, no or unknown) (If yes, give war or		17. INFORMANT	Hood 150	ORESS 4 11 Boyd ST
DISEASE OR CONDITI LEADING TO (This does not mean the meant failure, asthenia, etc. It injury or complication whi	ON DIRECTLY DEATH ode of dying, e.g., the means the disease,	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CONDITION OF THE ABOVE CAUSE UNDERLYING CONDITION I OTHER SIGNIFICANT CO	NS, IF ANY, GIVING (A) STATING THE DUE TO N LAST. (C)	cranial hemorrhage	•	
OTHER SIGNIFICANT CO TRIBUTING TO THE DEATH, TO THE DISEASE OR CONDI	BUT NOT RELATED			
U 19A, DATE OF OPERATION	198. MAJOR FINDINGS OF OPE	RATION		20. AUTOPSY?
21A. EXTERNAL CAUSE WAS UNDERLYING TO OR CONTR	ATH. about home, farm, factory, street, office bidg.	Rear of 1049		e exact location)
FINJURY (Month) (Day) (Yerch 7, 1952 (four	WILLE ATCT NOT WHILE	E	and struck hea	ad
the evidence obtained	charge of the remains described by said Autopsy, Inspection or tion resulted from: natural cause	above, held anautor Autopsy, Inquiry, find that said a es, accident, suicide	inspection or Inquiry deceased died on the c , homicide , und	thereon and from day stated above determined [X.
23/ SIGNATURE	Durlochen	238. CHIEF MEDICAL ASSISTANT MEDICAL M.D. MEDICAL INVESTIGA	EXAMINER 23c. EXAMINER Mar	ch 22, 1952
24A. BURIAL, CREMA- 24B. DA'TION REMOVAL (Specify)	TE 24C. NAME OF CEMET	ERY OR CREMATORY 240. I	LOCATION (City, town, or	county) (State)
LOCAL REGISTRAR	RAR'S SIGNATURES	25. FUNERAL DIRECTOR	A CONTRACTOR OF THE PROPERTY O	DORESS
WAR 7 4 1957 1 VS 151 N - C 3. 7	0	903A112491	Caroline	SI'S



Calvary Cemetery

NERAL DIRECTOR

VS 150

DATE RECEIVED BY

LOCAL REGISTRAR

Burial

3-24-52

REGISTRAR'S SIGNATURE

Freston Street

ADDRESS

Case Card #00428

Records - Bureau of Tuberculosis, B. C. H. D.

) BI	53 52 RTH NO.	2883			EALTH DEPARTMENT E OF DEATH	Registered No.	2 2883
1. (T	NAME OF ype or Print	DECEASED	as.	Frans	FZ.	2. DATE OF MAR	2 1 1952
В.	PLACE OF Baltimore FULL NAM OSPITAL OF	City, Maryland E OF (If not in hospit	1/a	on, give street address or	4. USUAL RESIDENCE (Where deceased lived. If in	stitution: residence before admission)
	STITUTION		KINS HO		b. STREET ADDRESS (If	f outside corporate limits,	write RURAL and give township)
	Length of	stay in Baltimore	Life	Mos. Days	212 SCMIN	Ang Ave	nder I Your If Under 24 Hours
	male	white	WIDOW	D, DIVORCED (Specify)	2-19-05	Iast birthday) Mon	ths Days Hours Min.
work	done during mo	OCCUPATION (Give kind of est of working life, even if retired)	Lac	OF BUSINESS OR INDUSTRY	Baltimore, Md		2. CITIZEN OF WHAT COUNTRY? USA
	. FATHER'S John F	. Frantz		σ	14. MOTHER'S MAIDEN N		
(Ye	. WAS DECEA , no or unknow NO	ASED EVER IN U.S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANIOHNS H	HOPKINS HOSPITA	PRESS
IFICATION	(This do heart fa injury of DISEAS	ASE OR CONDITION LEADING TO DEA: does not mean the mode of illure, asthenia, etc. It mes or complication which of the complication of the comp	TH of dying, e. g. uns the disease caused death. SES F ANY, GIVING STATING THI	(A) All	of DEATH Conself Parlon Tin	Berchloois	years
CERTI	TRIBUTI	SIGNIFICANT CONDING TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED				
EDICAL	3-1- 21A. ACC	IDENT WAS UNDER- OR CONTRIBUTING	Advi 218. PLA	FINDINGS F 75. CE OF INJURY (e. g., i rm, factory, street, office bldg.,		(If in Baltimore City, gi	20. AUTOPSY? YES NO NO No exact location)
Σ	P. TIME INJUR	(Month) (Day) (Year	W	1E. INJURY OCCURR HILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID INJUR	Y OCCUR?	Ballian
	22. I her	eby certify that I attalive on 3 - 21 -	tended the	deceased from 2 -	25-, 1952 to 3 rred at 1140 Pm., from	- 21 - , 1954	that I last saw the
	23A. SI	erme Han	edKa	M. D.	JOHNS HOPKIN	NS HOSPITAL	23c. DATE SIGNED
TIC	n. BURME ON REMOVAL OUrial	CREMA- (Specify) 3/24/52		-	Church Cem. L	uther ville.	Md. (State)
LC	MAR 7	ED BY REGISTRAR	s signatu		HENRY SANDER		Daugh /
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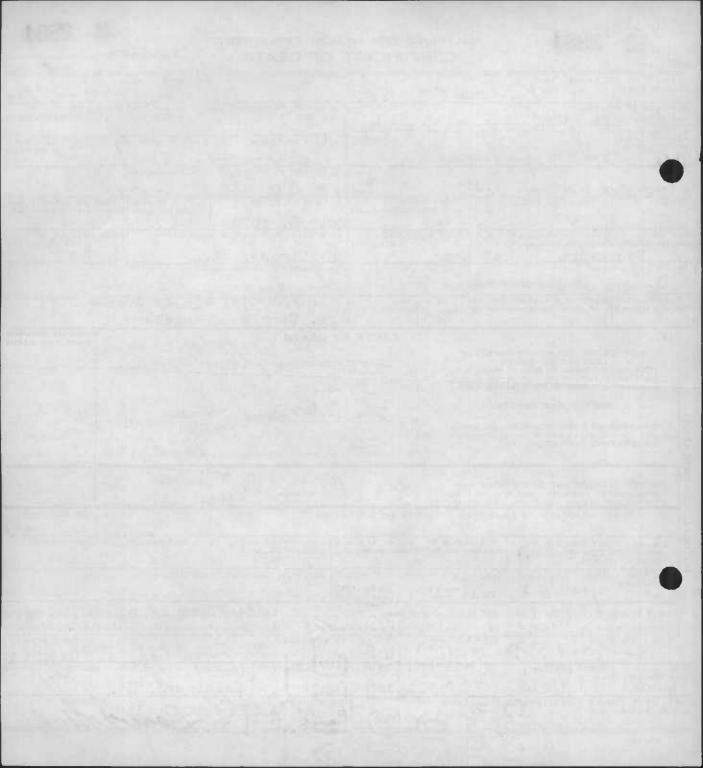
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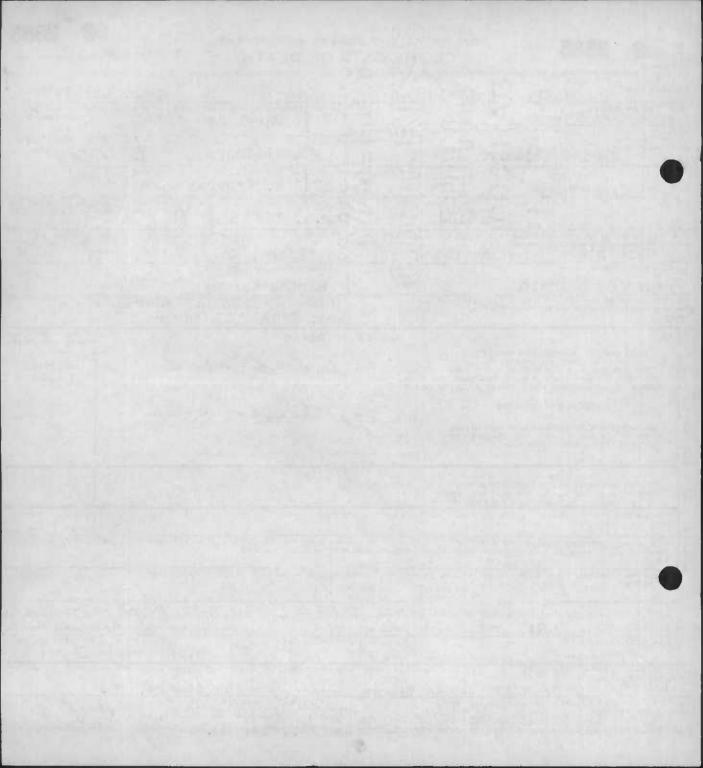
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VS 150

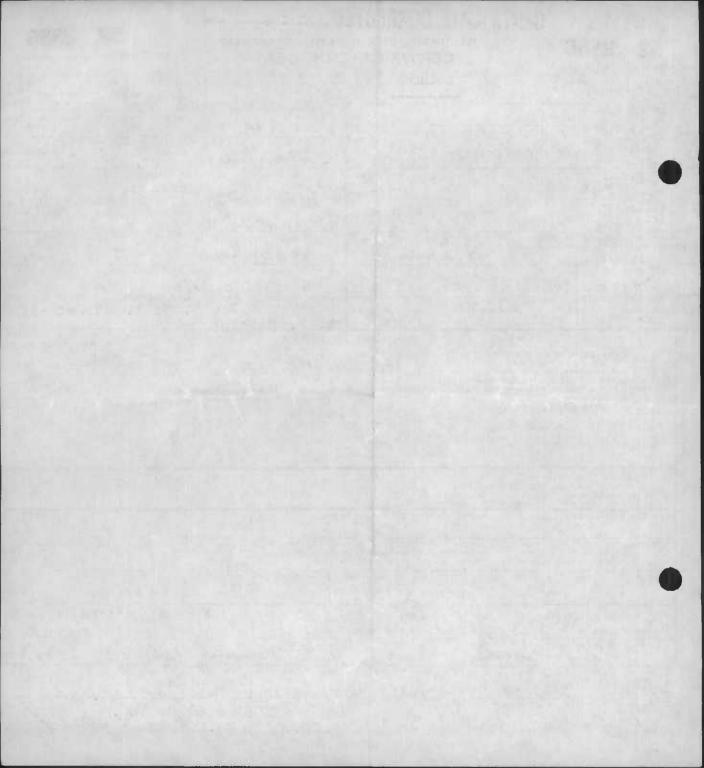


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VS 150



52 2886 BALTIMORE CITY HEALTH DEPARTMENT 2886 Registered No_ CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 3-23-52 MRS. DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: B. COUNTY A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporary limits, write RURAL and give C. CITY OR TOWN UNION MEMORIAL INSTITUTION BALTIMORE D. STREET ADDRESS (If rural, give location) 1726 EAST c. Length of stay in Baltimore Days 9. AGE (In years 6. COLOR OR RACE 7. SINGLE, MARRIED. li Under I Year AGE (in year: If Under I Year | It Under 24 Hours last birthday) Months: Days Hours Min. WIDOWED, DIVORCED (Specify) 19.1898 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 10B, KIND OF BUSINESS OR 12. CITIZEN OF vork done during most of working life, even if retired) WHAT COUNTRY Horsewife 13. FATHER'S NAME ANNIE E. KOETHER CHARLES W. BERNDT 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or onknown) (If yes, give war or dates of service) 16. SOCIAL 1726 E. 31st. Street -18 SECURITY NO. NO Wm. N. Neibich none INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY ONA OF BREASI LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT EDICA (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED D. TIME (Month) (Day) (Year) (Hour) 22. I hereby certify that I attended the deceased from 3-19 , 1952, to 3 - 23 , 1952, that I last saw the deceased alive on 3-23 1952, and that death occurred at 920 Am., from the causes and on the date stated above. 23A. SIGNATURE Union Memorist 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) burial Lorraine Park Cemetery DATE RECEIVED BY REGISTRAR'S SIGNATURE DER & SONS, INC. LOCAL REGISTRAR. 350 Md. Venn 7. VS 150



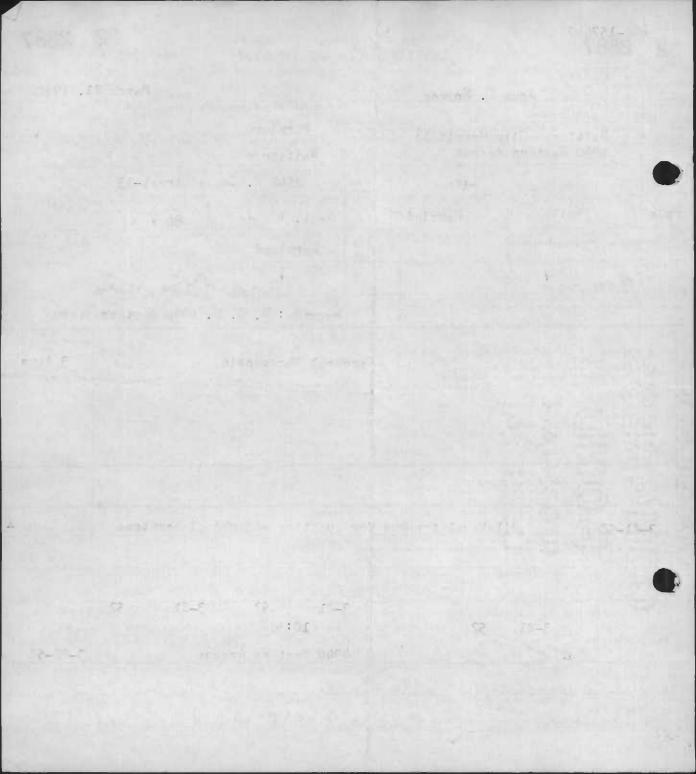
52 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

2887

Registered No.

1. NAME OF C (Type or Print)		T. Me	Char		2. DATE OF DEATH March	21, 1952
Baltimore	City, Maryland		OM D.	4. USUAL RESIDENCE (
		al or institut	ion, give street address or location)	Maryland	0 0	7
NSTITUTION	4940 Eastern	Avenue	1 Gall location	Baltimore (I	f outside corporate limits,	write RURAL and give township
Length of s	stay in Baltimore	Lif	Yrs. Mos. Days	o. STREET ADDRESS (III	rural, give location) se Street-13	4000
Male	6.COLOR OR RACE	7. SINGLE	E, MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years little last birthday) Mon	nder 1 Year H Under 24 Hours ths Days Hours Min.
OA. USUAL OC ork done during most	CCUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or 1	oreign country)	2. CITIZEN OF WHAT COUNTRY
3. FATHER'S	mas?			14. MOTHER'S MAIDEN N	Ormond	-
(es, no or unknown)	ED EVER IN U.S. ARMED (If you, give war or dated	FORCES?	16. SOCIAL SECURITY NO.	Pecaris: B. C. H	. 4940 Eastern	DRESS AVENUS
18. 3 3	2 %		CAUSE	OF DEATH		INTERVAL BETWEEN
	SE OR CONDITION LEADING TO DEAT	TH	Car	bral Thrombosis		3 days
heart failu	s not mean the mode our, asthenia, etc. It mea complication which c	ns the disease	e, (A)			
411,011,01	ANTECEDENT CAUS		.) DUE TO			
			(8)			
RISE TO T	S OR CONDITIONS, IN THE ABOVE CAUSE (A) YING CONDITION LA	STATING TH				
ONDENE	THE CONDITION EX	31.	(C)			
OTHER O	- 11		inches Intel			
TRIBUTING	SIGNIFICANT CONDI- S TO THE GEATH, BUT ISSEASE OR CONDITION	NOT RELATE	0			
			FINDINGS OF OPER	ATION		20. AUTOPSY1
3-21-5				question of subd		YES NO
	R CONTRIBUTING DEATH	about home, f	ACE OF INJURY (e. g., i arm,factory,street,office bldg.,	21C. WHERE DID (otc.) INJURY OCCUR?	If in Baltimore City, given	e exact location)
TIME	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT WORK WORK		Y OCCUR?	
22. I hereb	y certify that I att	ended the	4	3-21 152 10	3-21 1952	that I last saw the
deceased a	live on3-21_		and that death occur	rred at 10:30 Pm., from 1		
23A. SIGNA	TURE	Dec		38. ADDRESS 1940 Eastern Aven	110	3-22-52
24A. BURIAL, C	CREMA- 24B. DATE	11 1	M. O. 24C. NAME OF CEMETE		OCATION (City, town, o	
Burial	March	25/52	Cathedr	al B	allineare.	
DATE RECEIVE		SSIGNATU		25. FUNERAL DIRECTOR	201	ADDRESS
MAR 24	1952 77	untros	low Williams	sota Wredy	ld 9006. Bed	dle Sh
VS 150	- 4	0	Α.	V		
	Total Park					

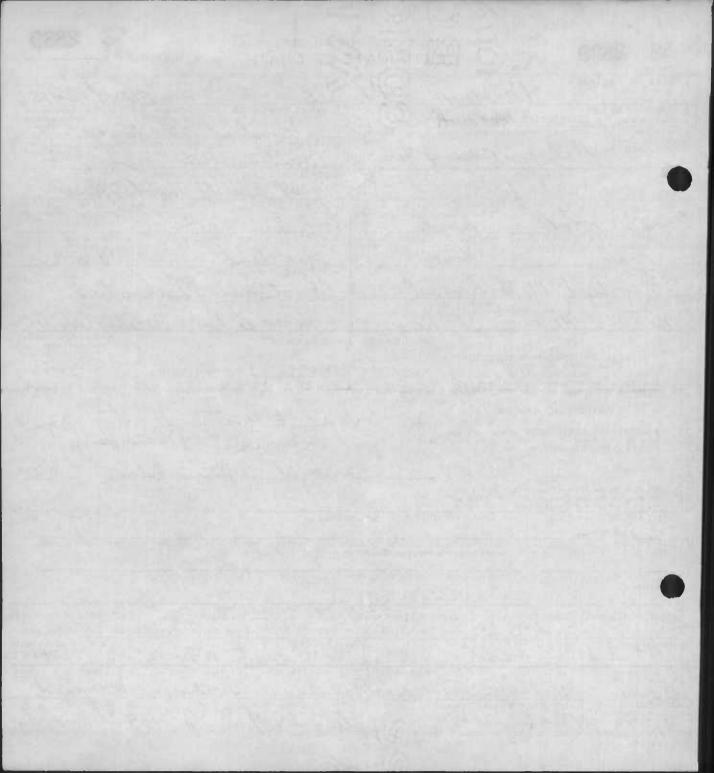


Registered 1 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A Baltimore City, Maryland 4940 Eastern Ave. A. STATE B. COUNTY before admission Md. B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR (If outside corporate limits, write att RAL and gra-INSTITUTION Baltimore D. STREET ADDRESS (If rural, give location) Mos. 442 S. Bonsal St. ength of stay in Baltimore Davs 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE If Under 1 Year last birthday) | Months: Days | Hours . Min-Single 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 12. CITIZEN OF WHAT COUNTRY INDUSTRY work done during most of working life, even if retired) Soldier Laring Baltimore, Md. U.S.A. U.S. Marine Corps. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Vincent J. Wingate Sadve Zeigler 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) Yes Mrs. Sadye Payne (Mother) 442 S. Bonsal St. At Present CAUSE OF DEATH 666.4 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 198. MAJOR FINDINGS OF OPERATION 20. AUTOPS 19A. DATE OF OPERATION (If in Baltimore City, give exact location 21B. PLACE OF INJURY (e.g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING POR CONTRIB. Nool Pom about home, farm, factory, street, office bldg., etc.) UTING | CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE into auto collisio AT WORK WORK 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased ded on the day stated above, and death in my opinion resulted from: natural causes 🗀, accident 🚩 suicide 🗀 homicide 🗀 undetermined 1 238 CHIEF MEDICAL EXAMINER
ASSISTANT MEDICAL EXAMINER
M.D. MEDICAL INVESTIGATOR 23A. SENATURE 23C. DATE SIGNED 24c. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION REMOVAL (Specify)
Burial March 23, 1952 Baltimore National Cemetery 5501 Frederick 25 FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS untinglos S. Conkling St.

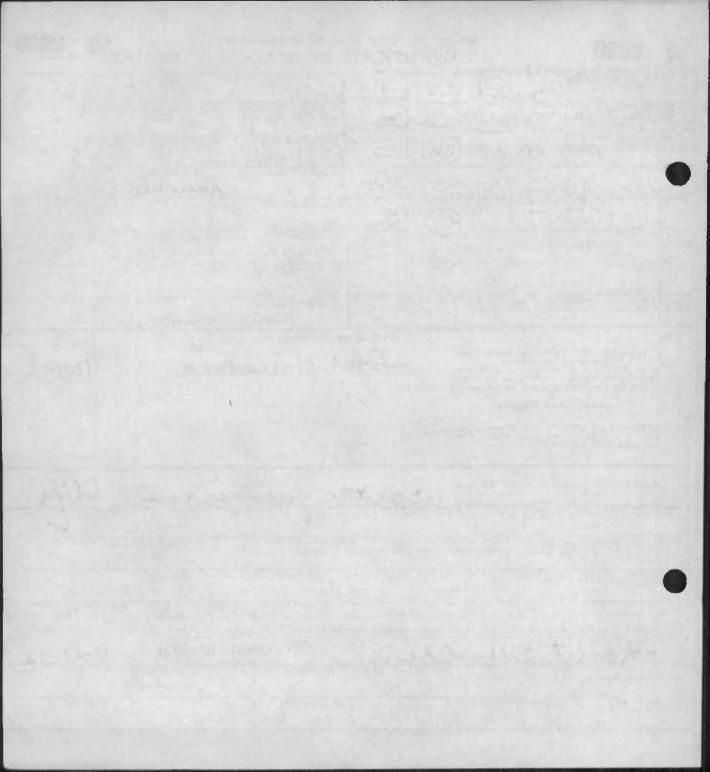
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50 0000

	52	2889	BA		HEALTH DEPARTMENT		2 2003
ВІ	RTH NO.	2003		CERTIFICA	TE OF DEATH	Registered No)
1. (T	NAME C	OF DECEASED int)	Carole	ne Schl	reach	2. DATE OF DEATH MON	ch. 24/52
Α.	Baltimo	of DEATH: re City, Maryla	The second secon	wh ave	A. USUAL RESIDENCE (nstitution: residence before admission)
H	FULL NA OSPITAL ISTITUTION	OR A	n hospital or institu	tion, give street address location	, I am a second and a second an	outside corporate limits,	
	0	unqu	rson iui	sing stome	Baltimore	City 1	5 - Hownship
	ength	of stay in Baltir	nove bealer	Yrs. Mos Day	1120 Fil.	f rural, give location)	ans.
****	SEX	6. COLOR OR	RACE 7. SINGL	E. MARRIED.	8. DATE OF BIRTH	9. AGE (In year) HU	Inder I Yess H Under 24 Hours ths: Days Hours: Min.
2	Ema	le While	i 8	Single (Special	about 1870	82	ms Days Hours Min.
	doneduring	OCCUPATION (Gi		D OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	WHAT COUNTRY
13		R'S NAME	1 10	vne	14. MOTHER'S MAIDEN I	NAME _	4. 5.00.
	RI	ev. Carl.	W. Scho	loegel	Christianna	I fleckensi	turi
15 (Yes	, was bec	DEASED EVER IN U.S	S. ARMED FORCES? ar or dates of service)	SECURITY NO.	17. INFORMANT	// AD	DRESS
	no	110	re	None	Mr. Harry E. 1	Yarr, Fideli	y Bldg. City
	18.	4200			OF DEATH		ONSET AND DEATH
		SEASE OR COND	O DEATH	//	Fromehor - Pre	umonia /	3 who
	heart	does not mean the failure, asthenia, etcy or complication	 It means the disea 	ise,			
-		ANTECEDEN	T CAUSES	- C	ti = - doles	t. Hen &	
TION	RISE	ASES OR CONDIT TO THE ABOVE CAU ERLYING CONDIT	JSE (A) STATING T		Deren	(butul &	tenini / mar.
IC/				5.	1.10	+ . 11	Tun
RTIF	OTH	II ER SIGNIFICANT	CONDITIONS	_(C)(J	menting and	drag sellier	2 2
CEF	TRIBU	UTING TO THE DEAT HE DISEASE OR CO	H, BUT NOT RELAT	ED			
AL	19A. DA	TE OF OPERATION	N 198. MAJOF	R FINDINGS OF OPI	ERATION		YES NO P
EDIC	21A. ACHOMICI	CIDENT. SUICIDE DE (Specify)		ACE OF INJURY (e. g., farm, factory, street, office bldg		(If in Baltimore City, gi	ve exact location)
Σ	P. TIN	ME (Month) (Day)	(Year) (Hour)	21E. INJURY OCCUR		RY OCCUR?	
	22 7 7	anche contife the	m.	deceased from		1 24,052	that I last saw the
				and that death occ		the causes and on the	
		and L. Ch	mlun	M. D.	410 f. Februty	145.	23c. DATE SIGNED
24	A. BURI	AL. CREMA- 24B. AL (Specify)	DATE 126/5)	24C. NAME OF CEMET	Park Care B	LOCATION (City, town, o	aryland
D	ATE RECE	GISTRAR H	STRAR'S SIGNAT	URE ////	25. FUNERAL DIRECTOR	825 (28)	ADDRESS Mostl a.
_	MHM	7 1336	y	Vehlalle age A so I	William 1/12mc	n w. 100 a	LICON THE



2/2	
560	0000
52 2899 CERTIFICATE OF DEATH Registered	,52 2890
BIRTH NO. 17-2 1067 CERTIFICATE OF DEATH Registered	I NO.
1. NAME OF DECEASED RONALTI STEWART OF DEATH 3	-22-52
3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY A. STATE B. COUNTY	If institution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR	25
INSTITUTION JOHNS HOPKINS HOSPITAL	mits, write RURAL and give township)
Yrs. O. STREET ADDRESS (If mod, give location)	11/
c. Length of stay in Baltimore Le Mos. 449 C. Lauvale	ave
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. 8. DATE OF BIRTH 9. AGE (In years last birthday)	Il Under I Year II Under 24 Hours Months Days Hours Min.
10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BISTHP/AQE (State or foreign country)	1 12. CITIZEN OF
work done during most of working life, even If retired) No INDUSTRY Balturous	WHAT GOUNTRY?
13. FATHER'S NAME 14. MOTHER'S MAKDEN NAME	
Henry F. Slewart Cellian Al	ward 1
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	ADDRESS
JOHNS HOPKINS HOSPITA	MULEA
18. 490 X CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	a - A
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	Iweek
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
Z O DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TRIBUTING TO THE DEATH, BUT NOT RELATED	1:10
TO THE DISEASE OR CONDITION CAUSING IT.	-744
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (o. g., in or 21c. WHERE DID (If in Baltimore City	yes No
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, etreet, office bidg., etc.) CAUSE OF DEATH CAUSE OF DEATH	
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from 3-22, 1952, to 3-22, 19	52 that I last saw the
deceased alive on 3 - 2 3, 1952, and that death occurred at 11.10 Am., from the causes and on	
23A. SIGNATURE 23B. JOHNS HOPKINS HOSPITAL	23c. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24O. LOCATION (City, tay)	
Buck 3/24/5/ My alvery cen, Broater	In my
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	Brankly HM
MAR / 4 1952 Huntanglow Williams 183	7
Vs 150	

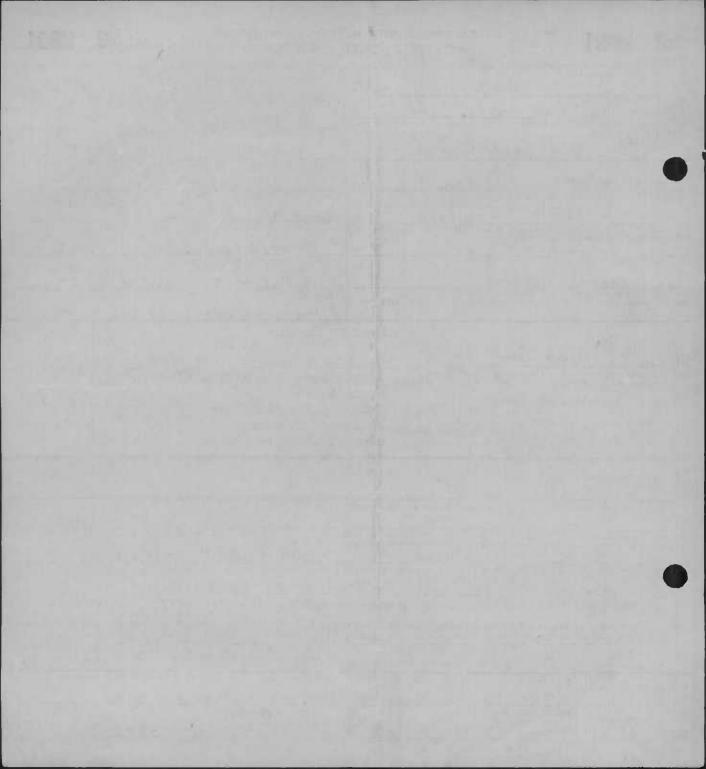


52 2891 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered NZ 2891

	pe or Print)		ONARD	WYATT		OF DEATH Mare	ch 20, 1952		
Α.		ity, Maryland J			. USUAL RESIDENCE (W	here deceased lived, If B. COUNTY	institution: residence before admission)		
HC	SPITAL OR	OF (If not in hospit	al or institution, give stre		Maryland (If	outside corporase limi:	ts. write RURAL and oive		
IN.	STITUTION	Johns Honk	ins Hospital		Baltimore	/_	(township)		
7		JOHN HOPK	THE HOSPICAT	Yrs.	STREET ADDRESS (If I				
	Length of si	tay in Baltimore	25 Yrs.	Mos. Days		ratt Street			
		6. COLOR OR RACE	7. SINGLE, MARRIEL). 8	. DATE OF BIRTH	9. AGE (In years	f Under I Year I Under 24 Hours onths: Days Hours: Min.		
	Male	Colored	Single	JED (Specify)	Sept-24-1924	27	onths: Days Hours: Min.		
	A. USUAL OC	CUPATION (Givekind of		IESS OR 1	1. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY		
WOLK	_	of working life, even if retired)	In cener:	_	Petersburg 1	Va -	U.S.A.		
13	FATHER'S N		In Genera	1	4. MOTHER S MAIDEN NA	ME			
	Tire	nest Wva	++		Margaret	Wavett			
15	. WAS DECEASE	D EVER IN U. S. ARMEI	FORCES? 16. SOCIA		7. INFORMANT		DDRESS		
(7 08	, no or unknown)	(11 yes, kive was of date	SECO	RITY NO.	Margaret Wya	att 212 Dai	llas Ct		
	18.	900 0		CAUSE OF			INTERVAL BETWEEN		
	Com I	E OR CONDITION	DIRECTLY	0,,002 0,			ONSET AND DEATH		
		LEADING TO DEA	TH	Multip	Le contusions, a	brasions, an	nd		
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)								
	of left arm								
	ANTECEDENT CAUSES Thrombophlebitis of left arm								
Z	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE XXXXXX Pulmonary embolism								
Ĕ	UNDERLY	ING CONDITION L		Lower 1	nephron nephrosi	S			
0			(6)						
CERTIFICATION	OTHER S	II IGNIFICANT COND	ITIONS CON-						
R	TRIBUTING	TO THE DEATH, BUT	NOT RELATED						
8			9B. MAJOR FINDINGS	OF OPERAT	ION		20. AUTOPSY?		
4		7					YES X NO		
DICAL	21A. EXTERN	NAL CAUSE WAS	21B. PLACE OF INJ about home, farm, factory, str	URY (e. g., in or	21c. WHERE DID (I	f in Baltimore City,	give exact location)		
	UTING C	G M OR CONTRIB. CAUSE OF DEATH.	Home	oct, omce prag., ow.	Yard at 1108	E. Pratt Str	reet		
7	ID. TIME	Month) (Day) (Year		Y OCCURRED					
	March	19, 1952 8:	30 Pam. WHILE AT WORK	NOT WHILE	Beaten with a	lead pipe			
			rye of the remains of		A	utopsy	_ thereon and jrow		
					Autopsy, I	Inspection or Inquiry			
	and de	aence ootainea vy ath in my opinion	resulted from: nati	ection or inc	uiry, find that said de], accident []. suicide	, homicide X.	endetermined .		
	23A. SIGNA		1		1 220 CHIEF MEDICAL S	YAMINED DI 2	C. DATE SIGNED		
	Xta	uley N. O.	Julach	M.D		OR LI A	March 21, 1952		
24	A. BURIAL. (S	CREMA- 24B. DATE	24c. NAME	OF CEMETERY	OR CREMATORY 24D. LO	OCATION (City, town	, or county) (State)		
	Burial	3/24/1	952 Mt Cal	lverv_ (lem. Bro	ookayn Md.			
DA	TE RECEIVE	D BY REGISTRAR	SSIGNATURE	14 120		00	ADDRESS		
	ADTA 19		ston Villeaux	13/2 . 11	hoy Walso	1/00/30	andly my		
V			,	ann	20		0 6		
	7	- 887 12		770	17				

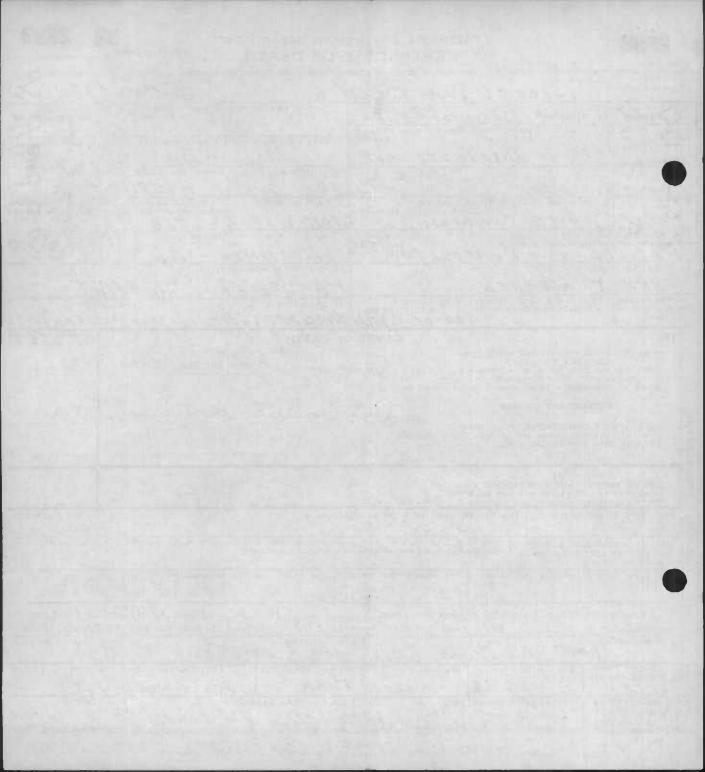


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	28	392	,
D 11	DTU P	NO.	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No...

52 2892

BIRTH NO.	OATE OF BEATTI	
1. NAME OF DECEASED PEOREE WM /	BECHER	2. DATE OF MARCH 22,-1952
3. PLACE OF DEATH: A. Baltimore City, Maryland BALTIMORK C B. FULL NAME OF (If not in hospital or institution, give street)	4. USUAL RESIDENCE	(Where deceased lived, If institution: residence B. COUNTY before admission)
HOSPITAL OR INSTITUTION 1814 W. LATAYETTE	location)	(If outside corporate limits, write RURAL arive
74	Yrs. D. STREET ADDRESS	(If rural, give location)
c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	Days 844 N	9. AGE (In years Under Year II Under 24 Hours
MALE WHITE MARRIED	(Specify) - TAN-L-1876	last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINES	S OR DUSTRY 11. BIRTHPLACE (State of DUSTRY) BALTIMO	or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN	NAME
ERNEST BECHER	MAGDIALIN	E SCHAADT
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 705-05-6	17. INFORMANT	ADDRESS ECHER-1814W LAFAYETTE
18. 420.0	AUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	C. Thra	bosis (HISTORY) 30 min +
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	Cronary Orow	notate (Mistery) 30 min -
ANTECEDENT CAUSES	atorias On the	Heart Disease 344 +
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		(HICTORY)
UNDERLYING CONDITION LAST. (C)		(1,570141)
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 19B. MAJOR FINDINGS (OF OPERATION	20. AUTOPSY? YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, CAUSE OF DEATH	ey (e. g., in or 21c. WHERE DID office bldg., etc.) INJURY OCCUR?	(If in Baltimore City, give exact location)
p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY (INJURY)	OCCURRED 21F. HOW DID INJ	JRY OCCUR?
m. WHILE AT WORK	AT WORK	atlended until death.
22. I hereby certify that I attended the deceased from	m19, to_	
deceased alive on, 19, and that dea	th occurred at 11 - Am., from	n the causes and on the date stated above.
1 (Nobert W. Daris	M.D. 1103 St. Pau	181. 3/24/52
24A. BURIAL, CREMA- TION REMOVAL (Specify) 3 - 25-52 LOUD	12	BALTIMORE MT
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR MAR 2 4 1952 Huntington Wallaus	25. FUNERAL DIRECTO	
VS 150 Patient sun 2 wks before a	leath by Dr. Rot	ert Siver
/////////_	100 7-1111	



2 2893

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 2893

BIRTH NO.						
1. NAME OF D (Type or Print)	ECEASED	les	V. E	Dever	2. DATE OF DEATH	ar. 22-1952
3. PLACE OF D	City, Maryland			4. USUAL RESIDENCE	(Where deceased lived, I	f institution : residence before admission
B. FULL NAME		tal or instituti	on, give street address or	1/ lar	iland	. 11/.
HOSPITAL OR	- ×		location)	C. CITY OR FOWN	If outside corporate lin	ite, write Rel Lock, and give
INSTITUTION	3207 6	nenn	5000 due	(Solt)	merio, L	/ Y winship
		oug	Yrs.	D. STREET ADDRESS	If rural, give location)	
Smooth of a	ton in Doltimans	//	Mos.	30.2		6.0
SEX	tay in Baltimore	13 616	Days	8. DATE OF BIRTH	ergreen	If Under 1 Year If Under 24 Hours
Dar	S. COLOR OR RACE		, MARRIED, ED, DIVORCED Specify		9. AGE (in years last birthday) N	fonths: Days Hours Min.
emale	while	TAMA	dowed ,	Jeh. 20-18/18	74	
10A. USUAL OC	CUPATION (Give kind of of king life, even if retired)	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF
01-	M . O		INDUSTRY	Arack 1/11	1011110	WHAT COUNTRY
18. FATHER'S	NAME			14. MOTHER'S MAIDEN	NAME	
51-1	11 . 6	9	1.00	Ma	1 Jul 1)	
YIL	llam 6	L/V	ell	- Mary	11 arke	
Yes, no or unknown)	ED EVER IN U, S. ARME (If you, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	. 11 11	ADDRESS
			02001111 110.	ma THORA	ce Till.	
18. 17	h		CALISE	OF DEATH		INTERVAL BETWEEN
1 /	U X	DIDECTIV	1	OI BEATH		ONSET AND DEATH
	SE OR CONDITION LEADING TO DEA	TH	Loan	and and	12. H	
(This does	not mean the mode ore, asthenia, etc. It mes	of dying, e. g	(A)	corres /	Jrease	1 yr
	complication which				2	
	ANTECEDENT CAUS	e F c	mil	Thanis hell	in .	
7	ARTECEDENT CAD.	363	(0)		- (/	
	S OR CONDITIONS, I				***************************************	
UNDERLY	HE ABOVE CAUSE (A)	STATING TH	E DUE TO			
اد			(C)			
OTHER S	II SIGNIFICANT COND	ITIONS CON				
TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D			
	OF OPERATION 1		FINDINGS OF OPER	ATION		20. AUTOPSY?
J 130. DATE C	OF OFERATION	ISB. MAJOR	FINDINGS OF OPE	KATION		
3		I 210 DI A	CE OF INJURY (e. g.,	in or 21c. WHERE DID	(If in Baltimore City,	YES NO
LYING OF	DENT WAS UNDER- R CONTRIBUTING DEATH	about home, fi	arm, factory, street, office bldg.,	etc.) INJURY OCCUR?	(II in partimore City,	give exact location;
D. TIME	(Month) (Day) (Year) (Hour) 2	TE. INJURY OCCURR	ED 21F. HOW DID INJU	RY OCCUR?	
INJURY		w	HILE AT NOT WHILE			
		m.	WORK AT WORK		1	
22. I hereb	y certify that I at	tended the	deceased from h	1951, to	Mich 22, 19,	that I last saw th
deceased at	live on Much rr	1952	and that death occu	rred at 6 Pm., from	the causes and on	the date stated above
23A. SIGNA		. 17	A 1	238. ADDRESS	` 01	23c DATE SIGNED
	Juco	+ tu	the M.D.	3422 / Sel	arr 17d.	3/24/52
24A. BURIAL.	CREMA- 124B. DATE	1 2	4c. NAME OF CEMETE	RY OR CREMATORY 240	LOCATION (City, tow	n, or county) (State)
TION BEMOVAL (S	Specify)	100	W. h		12-19	mal
Lune	4 1	12/4	1 ank	wood	Licela	1 nex
DATE RECEIVE	DAD	S.SIGNATU	RE MAN MAN	25. FUNERAL DIRECTO		ADDRESS
MAR 7 4 19	52" Tuning	- The	Laure, my	D. S. Ruck	305	Harford
VS 150	10	7 60 6		7/8/0		1
V5 150				60/		//

Dr. Fisher 3422 Belair Rd 3411 16 Com 496 31615. mires to the same of the same of the Concernery of Brings

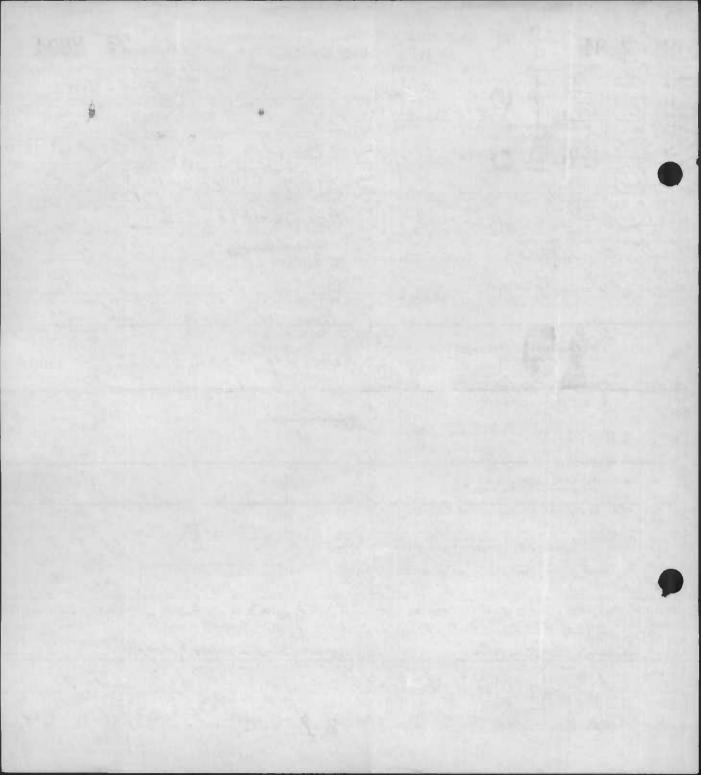
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52 2894 BIRTH NO.
NAME OF DECEAS

BALTIMORE CITY HEALTH DEPARTMENT

59 9004

BIRTH NO.	CERTIFICATI	E OF DEATH	Registered No.	6094
1. NAME OF DECEASED (Type or Print) ///a w	Right		2. DATE OF DEATH 3 - 2 3	3.52
a Baltimore City, Maryland Bal	timore	4. USUAL RESIDENCE (Who	ere deceased lived. If insti B. COUNTY	tution : residence before admission)
B. FULL NAME OF (If not in hospital or institution) INSTITUTION And General	lation, give street address or location) Lation Hospital Yrs.	Baltimore	etside corporate Himps, wi	RURY L and give township)
c. nength of stay in Baltimore	Mos. Days	3109 Ruech	kert Aue	#14
Male White mai	E, MARRIED, WED, DIVORCED (Specify)	Oct. 30-1877	9. AGE (In years f Under last birthday) Months	Vest U Under 24 Hours Days Hours Min.
10a USUAL OCCUPATION (Give kind of 10a. KIN ork dopeduring most of working life, or an if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country) 12.	CITIZEN OF WHAT COUNTRY?
adolph Richl		14. MOTHER'S MAIDEN NAM	IE .	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yee, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	Mrs. Matila	la Richl	Same
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the dises injury or complication which caused deat ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIV. RISE TO THE ABOVE CAUSE (A) STATING TUNDERLYING CONDITION LAST.	S., (A) O (See, th.) DUE TO	14	ubosis	3 dags
OTHER SIGNIFICANT CONDITIONS CO TRIBUTING TO THE DEATH, BUT NOT RELAT TO THE DISEASE OR CONDITION CAUSING	red			
19A. DATE OF OPERATION 19B. MAJOR	R FINDINGS OF OPER	ATION		YES NO
	ACE OF INJURY (e. g., in e, farm, factory, street, office bldg., e		in Baltimore City, give	exact location)
O. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		OCCUR?	
22. I hereby certify that I attended the deceased alive on 3. > 3, 1953. 23A SIGNATURE Laluele Bakhour	and that death occur	3 · 23 192 to red at 7 p.m., from the 3B. ADDRESS Mary land Gener	eauses and on the d	nat I last saw the late stated above. 30 DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify) 3/27/52	24C. NAME OF CEMETE		ACTION (City, town, or c	ounty) (State)
DATE RECEIVED BY REGISTRAR'S SIGNAT LOCAL REGISTRAR HAD A 195	URE /	25. FUNERAL DIRECTOR	5305 Ha.	yer at
VS 150		fine .		

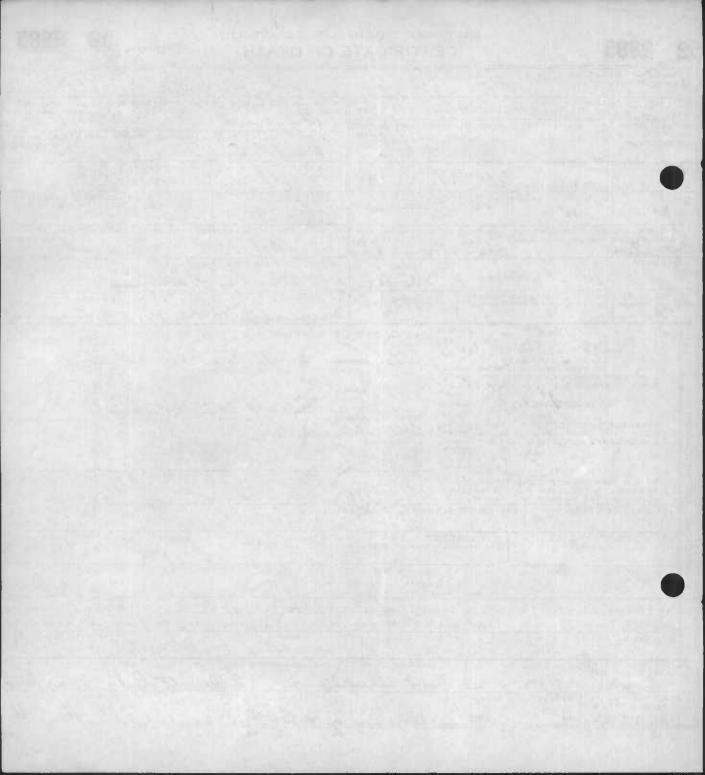
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52 BYRTH	20	895	

CERTIFICATE OF DEATH Registered No. 2 2895

BYRTH NO.	CERTIFICATI	E OF BEATH				
1. NAME OF DECEASED MOOI	e James		2. DATE OF DEATH	24.52		
S. PLACE OF DEATH: A. Baltimore City, Maryland Frau		4. USUAL RESIDENCE (VA. STATE	Where deceased lived, If B. COUNTY	institution : residence before admission)		
B. FULL NAME OF (If not in hospital or in HOSPITAL OR TRANSLIS SEPTEMBLES SEP	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		outside corporate lighi	s, write RURAL and give township)		
	Yrs.	D. STREET ADDRESS (If	rural, give location)	2.00		
c. Ongth of stay in Baltimore ale	life Mos.		Lauvale s	t.		
5. SEX 6. COLOR OR RACE 7. SI	NGLE MARRIED IDOWED DIVORCED (Specify)	10/6/1902	9. AGE (In years last birthday) Mc	H Under 1 Year H Under 24 Hours Driths Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) Plantum Ba	Ots. Transilled	11. BIRTHPLACE (State or for	oreign country)	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME	05	14. MOTHER'S MAIDEN N	AME			
Wiecen	R. moore	stokes,	Janny	9		
15. WAS DECEASED EVER IN U. S. ARMED FORC Yes, no or unknown) (If yes, give war or dates of serv	ES? 16. SOCIAL SECURITY NO.	17. INFORMANT	A A	of P 0 0		
18. //	24110	OF DEATH	WK 28/8	INTERVAL BETWEEN		
DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dyin heart failure, asthenia, etc. It means the injury or complication which caused	g, e.g., (A) Corons disease,	ary thrombosis .	due to arte	DISET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATI UNDERLYING CONDITION LAST.	GIVING (B)	serleusive ca sease.	ndidvazeuli	ác.		
OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT F TO THE DISEASE OR CONDITION CAUS	RELATED					
	AJOR FINDINGS OF OPER			20. AUTOPSY7		
	B. PLACE OF INJURY (e. g., in home, farm, factory, street, office bldg., in		If in Baltimore City, 1			
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE M. WORK AT WORK		OCCUR?			
22. I hereby certify that I attended deceased alive on 3-24, 19		-2/-5219, to rred at Am, from t				
23A. SIGNATURE		Fraully La	. Hotrital	23c. DATE SIGNED		
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	24c. NAME OF CEMETE	RY OD SHEMATORS 240/L	OCATION City, town,	- 1		
DATE RECEIVED BY REGISTRAR'S SIG	NATURE	25. FUNERAL DIRECTOR	2004 600	ADDRESS)		
MAP 2 4 1952 H tinton	With aus At	Wma. Gook, In	6. 12171	es Paul &6		
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625 5/						

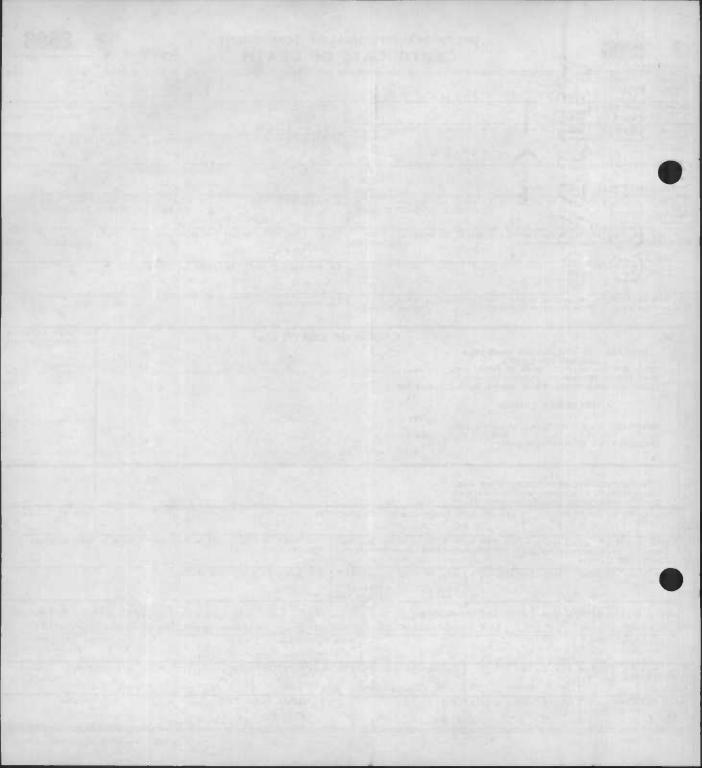


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55	5896
BIRTH	NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 2896

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) Anna M. Bennett	2. DATE OF DEATH 3-21-5-2
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION University Hospital (Yrs.	
c. Length of stay in Baltimore Mos.	2868 Pelham Ave.
female 6. COLOR OR RACE WIDOWED, DIVORCED (Specify)	1890 apr. 22. 6/
10A. USUAL OCCUPATION (Give kind of rork done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLAGE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Charles Gruber	Sarah Eisinger
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war) or dates of service) (If yes, give war) or dates of service)	17. INFORMANT ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)	of death 4 Ceeum Moser and death Moser and death
1 194. DATE OF OPERATION 198 MAJOR FINDINGS OF OPER	Cecum
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg.	in or 21C. WHERE DID (If in Baltimore City, give exact location)
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR INJURY WHILE AT NOT WHILE AT WORK AT WORK	
- 11 - 17 01 - 17 0 11 11 2 11 11 11 11 11 11 11 11 11 11 1	- 17, 1952 to 3 - 2 /, 1953, that I last saw the
deceased alive on 3-21, 1952, and that death occur	rred at 7 pm., from the causes and on the date stated above. 23B. ADDRESS 23C. DATE SIGNED 3-21-5-2
240. BURIAL, CREMA- 24B. DATE 24c. NAME OF CEMETE TOR REMOVAL (Specify) 3-25-52 Loudon	Park Frederick av. Ms
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR Huntington Williams 18	25 FUNERAL DIRECTOR Blight ADDRESS
VS 150	// // // -/ //



BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) JOHANNA FITZNER DEATH Mar. 22, 1952 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence B. COUNTY A. Baltimore City, Maryland A. STATE before admission) Md . B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) c. CITY OR TOWN (If outside corporate limita, write KUDAL and give INSTITUTION township) 3515 W. Garrison Ave. Balto. D. STREET ADDRESS (If rural, give location) Yrs. Mos. 3515 W. Garrison Ave. c. Length of stay in Baltimore Days 5. SEX 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) B. DATE OF BIRTH 9. AGE (In years If Under 1 Year last birthday) Months Days Hours Min. 6. COLOR OR RACE female widowed June 11, 1881 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekindof) 108. KIND OF BUSINESS OR 12. CITIZEN OF work doneduring most of working life, even if retired) INDUSTRY WHAT COUNTRY? Housewife at home Germany 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Leopold Schaewel Elsie Kawolus 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. no Mr. Walter K. Fitzner - 118 Dumbarton Ro no INTERVAL BETWEEN 1B. CAUSE OF DEATH 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION EDICA YES 21c. WHERE DID 218. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office hldg., etc.) (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY

WHILE AT augher 1 19 44 to Manh 22, 1957, that I last saw the

22. I hereby certify that I attended the deceased from____ deceased alive on Mand = 195 and that death occurred at 11-P.m., from the causes and on the date stated above,

23A. SIGNATURE 24B. DATE

REGISTRAR'S SIGNATURE "

24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial Balto. Cem.

25. FUNERAL PIRECTOR aus 100

2302 Elenouse Are

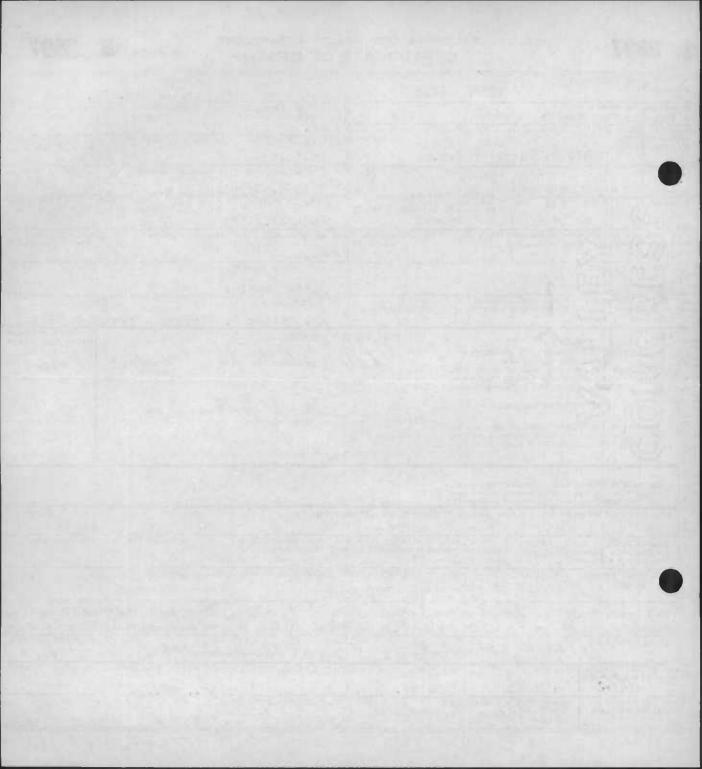
23c. DATE SIGNED

24D. LOCATION (City, town, or county)

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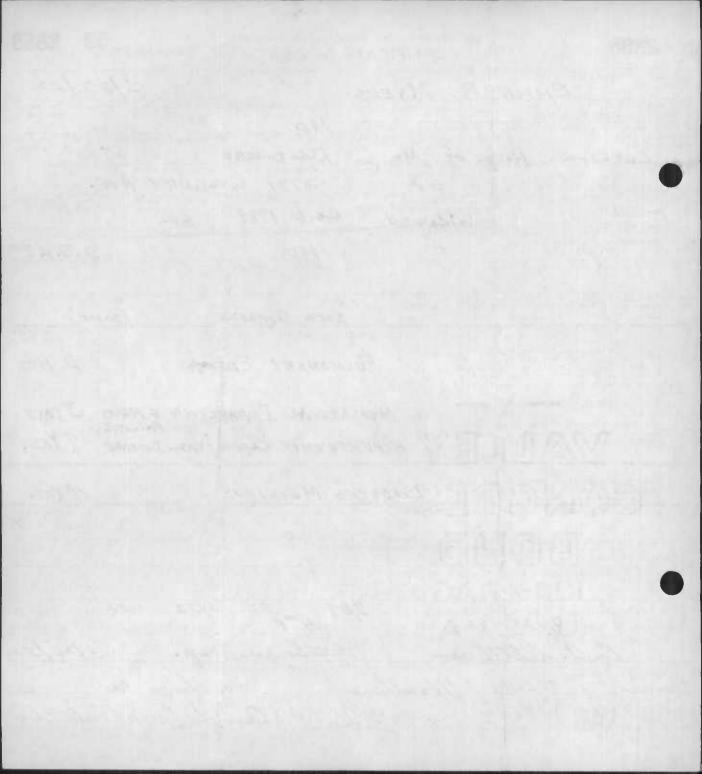
DATE RECEIVED BY

LOCAL REGISTRAR



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) OF EMMA B. MYERS DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location' C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION SALTIMORE Yrs o. STREET ADDRESS (If rural, give location) Mos. YLBURN c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED H Under 1 Year 9. AGE (In years) If Under 24 Hours last birthday) Months: Days Hours Min. WIDOWED, DIVORCED (Specify) Widowed IOA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work dooe during most of working life, even if retired) COUNTRY INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, oo or uokoowo) (If yes, give war or dates of service) SECURITY NO NORA BURGESS (SAME INTERVAL BETWEEN 18. CAUSE OF DEATH 20.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., PULMONARY EDEMA heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) OUF TO ANTECEDENT CAUSES (B) MYOLARDIAL INFARCTION & HEART DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE 9/25. UNDERLYING CONDITION LAST. (C) HYPERTENSIVE CARDIO-VASC. DISEASE OTHER SIGNIFICANT CONDITIONS CON-DIABETES MELLITUS TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 19A, DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e.g., io or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH O. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE WHILE AT 22. I hereby certify that, I attended the deceased from. 1952 that I last saw the 19 52 and that death occurred at 5 deceased alive on m., from the causes and on the date stated above. 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C NAME OF CEMETERY 240, LOCATION (City, town, or county)

VS 150



BALTIMORE CITY HEALTH DEPARTMENT

ADDRESS

CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) GLADYS BULL DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write KURAL and give INSTITUTION 3406 Beech D. STREET ADDRESS Yrs. (If rural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE AGE (In years last birthday) Months Days Hours Min. WIDOWED DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working We, even if retired) INDUSTRY WHAT COUNTRY? Hansewell 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknowo) (If yes, give war or dates of service) SECURITY NO. 3406 Beech INTERVAL BETWEEN CAUSEOF 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICA 21c. WHERE DID 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT , 19. , to 5 2 0 , 195 What I last saw the 22. I hereby certify that I attended the deceased from. 19 Sand that death occurred at 1 33 deceased alive on 3 23A. SIGNATURE 23c. DATE SIGNED 24c. NAME OF CEMETERY OR CREMATORY TION, REMOVAL (Specify)

25. FUNERAL DIRECTOR

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DATE RECEIVED BY

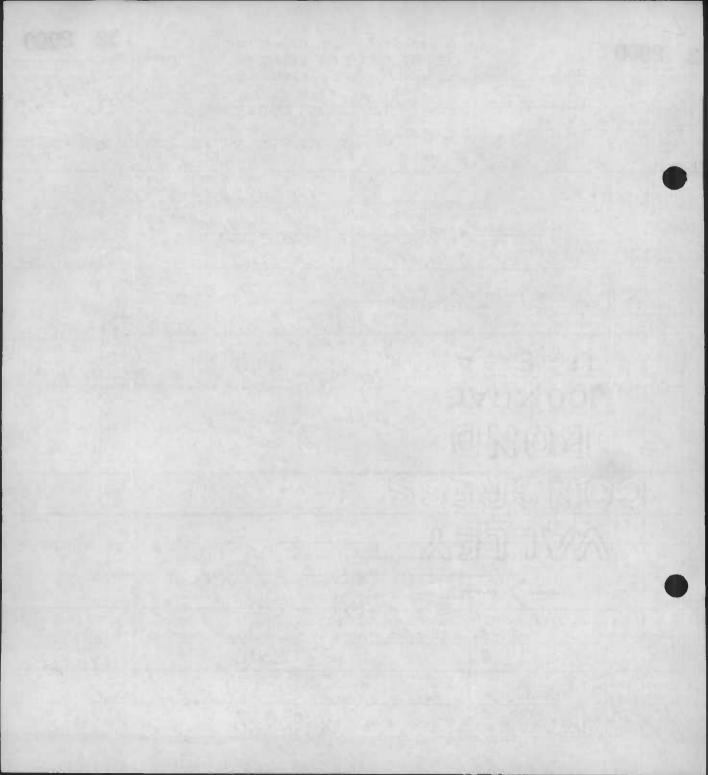
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Da August Enell

BALTIMORE CITY HEALTH DEPARTMENT

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No.	350	

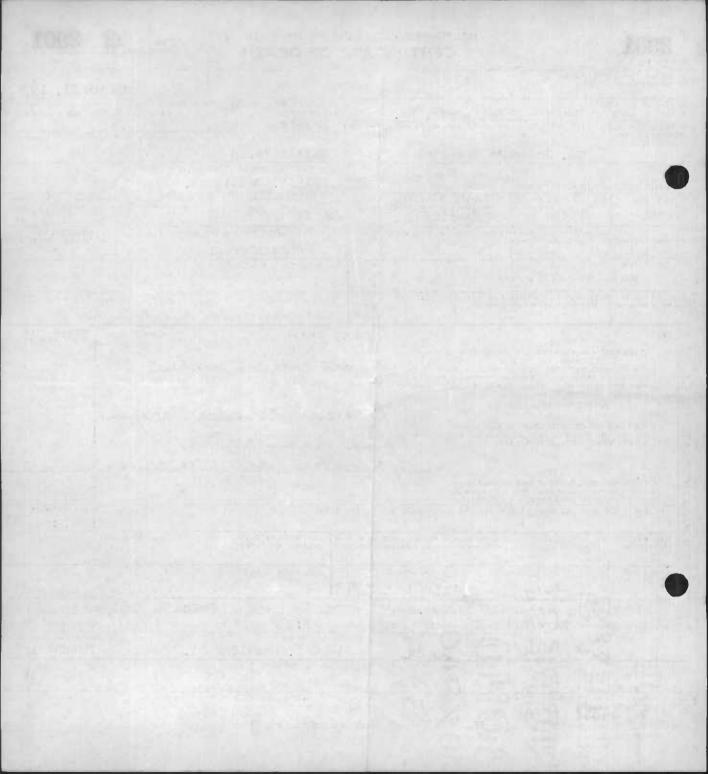
2	2900 RTH NO.		CERTIFICATE OF DEATH Registered No.					
1.	NAME OF D ype or Print)	ECEASED Vo	hu	Baka	lik	2. DATE 3/2	3/52 9 2 24.	
	PLACE OF D Baltimore (EATH: City, Maryland			4. USUAL RESIDENCE A. STATE	(Where deceased lived B. COUNTY		
H	FULL NAME OSPITAL OR STITUTION			on, give street address or location)	c. CITY OR TOWN	(If outside corporate l	imis, write hto AL and give	
Δ	STITUTION	1516 X	rcust			Bulto.	township	
C.	Length of s	tay in Baltimore		Yrs. Mos. Days	10.1	ocust s	1	
	SEX Unla	6. COLOR OR RACE		MARRIED,	8. DATE OF BIRTH	9. AGE (In years last with the ay)	Months Days Hours Min.	
		CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?	
	200	727	Stark	Will	anotria		naturalized	
13	FATHER'S	NAME	2.	P 1. 2	14. MOTHER'S MAIDEN	NAME		
15	. WAS DECEASI	D EVER IN U.S. ARMEI		16. SOCIAL	17. INFORMANT	Nown	ADDRESS	
(Ye	s, no or unknown)	(If yes, give war or date	s of service)	SECURITY NO.	Thomas Bakas	6K 3533 V	Tohna Rd.	
	18. 44	2 X		CAUSE	OF DEATH		INTERVAL BETWEEN	
	DISEAS	SE OR CONDITION	DIRECTLY	1)	CV		2	
		not mean the mode ore, asthenia, etc. It mea	of dying, e.g.		Jewales (Wing BRAKE	2 ayes	
		complication which o			٨			
		ANTECEDENT CAUS	SES	(and	in failure			
O	DISEASES	OR CONDITIONS, I	F ANY, GIVING	(B)	()			
ATION		HE ABOVE CAUSE (A)						
FIC				(6)				
ERTI	OTHER S	IGNIFICANT CONDI	TIONS CON					
CEF	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	0				
Ī.				FINDINGS OF OPER	ATION		20. AUTOP5 7	
CAI			1 01 m DI 4	SE SE IN IUSY /	Late Wilene Din	(If in Paltimore Ci	YES NO	
MEDICAL	LYING OIL	R CONTRIBUTING		CE OF INJURY (e. g., i irm,factory,street,office bldg.,		(II in Balumore Ci	ty, give exact location)	
	D. TIME INJURY	(Month) (Day) (Year)		HILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID INJU	RY OCCUR?		
	22. I hereb	y certify that I at		D	4 . 195° to_	grasent, 1	9, that I last saw the	
	deceased q	live on 200 M	1, 19 12,	and that death ofcur	red atm., from		n the date stated above.	
	23A. 51GNA	TURE	- fen	м. р.	SO3 Other	He en	3/24/22	
2. TH	4A. BURIAL,	GREMA 24B. DATE	2	4c. NAME OF CEMETE		LOCATION (City, to		
	Buria	2 7/25/	52			a. Co.	md.	
	ATE RECEIVE	RAR .	s SIGNATU	elliacide, M.	25. FUNERAL DIRECTOR	1217 St.	Purk st.	
-	VS 150	()	a	nond			
}				7	703A			



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

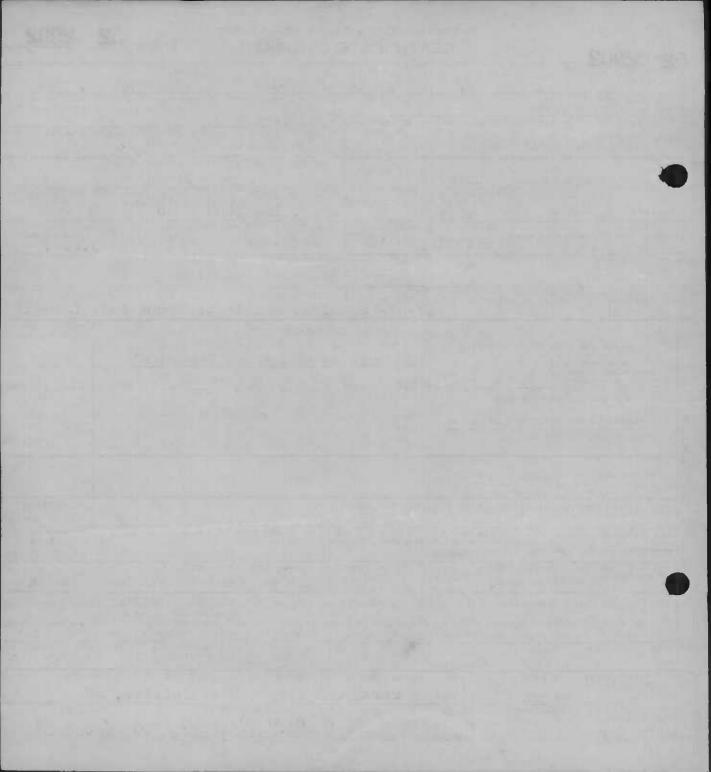
egistered No. 2901

В	IRTH NO.			CERTIFICA	116	OF DEATH	2008	1102	
1.	NAME OF E	ECEASED					2. DATE		
		MARY RADA						arch 21	
3.	PLACE OF E	City, Maryland	Reltim	ore. Md.		4. USUAL RESIDENCE (V	Where deceased lived, I B. COUNTY	f Institution ;	residence re admission)
В.	FULL NAME			ion, give street addre	ss or	Maryland		all	-
	OSPITAL OR			locat	ion)	c. CITY OR TOWN (If	outside corporat limi	its write RU	
	11	St. Joseph	h's Hos	pital		Baltimore, 5			township)
					rs.	D. STREET ADDRESS (If	rural, give location)		
6	ength of s	stay in Baltimore			ays	1019 N. Castle	St.		
5.	SEX	6. COLOR OR RACE		E. MARRIED.	16	8. DATE OF BIRTH	9. AGE (In years last birthday) M	ff Under 1 Year	If Under 24 Hours
]	female	White		ried	ech y)	10-12-1878	73	onths; Days	Hours: Min.
10	A. USUAL OC	CUPATION (Give kind of	108. KINE	OF BUSINESS OF	7	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZ	
WOY.		of working life, even if retired)		INDUS	TRY	Checzslovak	i.a.	O. S.	COUNTRY
13	FATHER'S					14. MOTHER'S MAIDEN N		1 01	71
	VAC	LAV CHLA	M			1/0-			
15	. WAS DECEAS	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL		NOT			
(Ye	, no or enknown)	(if yes, give war or date	s of service)	SECURITY N	0.	17. INFORMANT	1	ADDRESS	-
_				NONE		JOSEPH RADI	+ 1019 W.CH		
	18. 58	×5×,		CAUS	SE C	OF DEATH			AND DEATH
	DISEA	SE OR CONDITION		Y					
	(This doe	LEADING TO DEA	of dying, e. 1	3., (A) for	we	i highrow is	inhroses		
	heart failt	are, asthenia, etc. It mea complication which	ins the diseas	e, .) DUE TO		/	/		
							4.		
Z		ANTECEDENT CAUS	ES	(B) le	uh	heal vascul	on college	e .	
0	DISEASE	S OR CONDITIONS, I	F ANY, GIVIN	IG HE DUE TO		,			. *************************************
AT	UNDERL	THE ABOVE CAUSE (A)	AST.	ace	de	cho le cystitis	with.		
5				40	7	4. /21	10:10 ha -1		
F	1500	H		(C) /14	m	atten and	rile perit	MINS	
田田		GIGNIFICANT COND							
O		DISEASE OR CONDITION			DED	ATION		1.20.4	AUTOPSY?
7	ISA. DATE	OF OPERATION 1	9B. MAJOR	FINDINGS OF O	PERA	ATION		YES	No X
O.	21A. ACCIDI	ENT, SUICIDE,	2 18. PL A	CE OF INJURY (e	. r. in	or 21c. WHERE DID (1	f in Baltimore City,		
ED	HOMICIDE	(Specify)		arm, factory, street, office b		c.) INJURY OCCUR?			,
Σ	21- 71115	(Month) (Day) (Year)	(TT) [0.1- IN U.D.V. 0.001	IDDE	D OLE HOW BUD IN HUB	/ occups		
	F INJURY	(Month) (Day) (rear)		21E. INJURY OCCU		D 21F, HOW DID INJURY	CCCURT		
L			m.	WORK L AT WO	ORK L				
	22. I hereb	y certify that I att	ended the	deceased from	Ma	rch 20 , 1952, to	March 21 , 195	2, that 11	ast saw the
	deceased a	live on March 2	1 1952	and that death o	ccuri	red at 8:23P m., from t	he causes and on t	the date st	ated above.
	23A, SIGNA	TURE /	1/	9 9		BB. ADDRESS		23c. DA	TE SIGNED
		4 Wilne	- K	en M.D.		1400 N. Caroline		1	h 21/52
710	AA. BURIAL.	CREMA 24B. DATE		1	ETER	Y OR CREMATORY 24D. L	OCATION (City, town	n, or county)	(State)
	BURIAL	3.25-1	19521	1 HOLY 19.	ED.	EENIER BA	LTIMORE	MO	
	ATE RECEIVE	D BY REGISTRAR	SSIGNATE	RE		25. FUNERAL DIRECTOR		ADDRESS	5
1	MAR 24	1952-1- A	ston V	Miscus 15	200	FRANK CKACH	+ SUIN 900N.	CHESTE	FA ST
-	VS 150	1 1 1 00000	de la		1	2 9 9 0		-11-11-	
1	42 120								



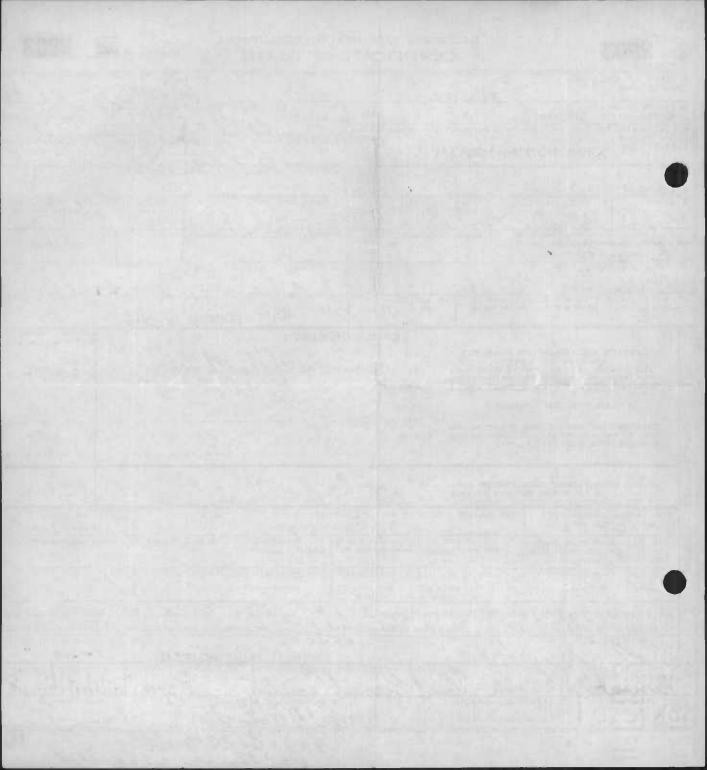
1	BALTIMORE CITY HE CERTIFICATE	
و جيون ميل	ROH NOTOLIT	
	NAME OF DECEASED LUTHER G. UPPERCUE (G	eorge L) 2. Date OF OF March 23, 1952
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission
В.	FULL NAME OF I'f not in hospital or institution, give street address or	Maryland
	OSPITAL OR location) STITUTION Truthorer Upgnite ?	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township
11	Lutheran Hospital	Pritirore
	ngth of stay in Baltimore Life Mos. Days	o. STREET ADDRESS (If rural, give location) 2872 V. Lanvale Street
	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years II Under I Year II Under 24 Hours Min. last birthday) Months: Days Hours: Min.
	Male White married	cept. 12, 1560 05
work.	A. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR INDUSTRY Brically in Drically Cr	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	George Uppercue	Louise Eccetien
15	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL , no or unknown) (If yes, give war or dates of service) SECURITY NO	17. INFORMANT ADDRESS
(168	No or unknown) (If yes, give war or dates of service) SECURITY NO. 217-27;	3 Mrs. Nellie Uppercue 1871 Larvale
CERTIFICATION	DISEASE OR CONDITION DIRECTLY	Carbon Monoxide Poisoning ATION 20, AUTOPSY?
	138. DATE OF OPERATION 138, MASON PINDINGS OF OPERA	YES NO X
MEDICAL	the evidence obtained by said Autopsy, Inspection or In	Cor Cor
2.1		D. MEDICAL INVESTIGATOR 3/24/52
D.	A. BURIAL, CREMA- N. REMOVAL (Specify) LT 1	Cemetery Restminister, ad 25. FUNERAL DIRECTOR ADDRESS

MAR 25 1952 Jun N 9 8 . 0



CERTIFICATE OF DEATH Registered \$2 2903

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) Mark	2. DATE OF DEATH MAA 24 ME
a. Baltimore City, Maryland Hal Ceorl	4. USUAL RESIDENCE (Where deceased fixed, if institution; risidence a. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Yrs. Mos.	o. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore	
Male White Married (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work don during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Kink	for delin landen
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or detee of service) SECURITY NO	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	JOHNS HOPKINS HOSPITAL
18. / FAX . CAUSE C	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET ANO DEATH
(This does not mean the mode of dying, e.g.,	ma of Esolbeans / ± uses
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES	
Z DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
O ONDERLING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Argentenia - 1 ± year
1 194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	ATON 20. AUTOPSY?
U 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (6. g., in	21c. WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING about home, farm, factory, alreet, office bidg., et CAUSE OF DEATH	INJURY OCCURE
1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from 3 -	13-, 1957 to 3-24-, 1957 that I last saw the
deceased alive on 2 - 2 4 -, 19 2 and that death occurr	red at 7:50 m., from the causes and on the date stated above.
23A. SIGNATURE 23	3B. ADDRESS 23C. DATE SIGNED
M. D. 24A. BURIAL, CREMA- 24B, DATE 24C, NAME OF CEMETER	JOHNS HOPKINS HOSPITAL OF CREMATORY 240. LOCATION (City, town, or county) (State)
TION DEMOVAL (Specify) 3 2 4 5	10 + 4 + 11 111
DATE RECEIVED BY REGISTRAR'S SIGNATURE	6 Cemelon Term 1 West VITEINIA 25 MERAL DIDESTOR
MAR 2 5 1059 Huntington Williams base	Gel B Wales Ins to
VS 150	2/1/04 1/ 2= 12 14
0558	11403-6-40 = MI
0000	Mallemore = 18 = 11)9



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

2904 seistered \$2

BI	IRTH NO.					
	NAME OF DECEASED Type or Print) Georg	ge H. Rol	oinson		2. DATE OF DEATH 3/	/21/52
	PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESIDENCE (V	Where deceased lived, I. B. COUNTY	f institution : residence before admission)
В.	FULL NAME OF (If not in l	nospital or institut	ion, give street address or	Md.		h
HO			location)		f outside corporate limi	its, write RURAL and give
	1722 Jacks	on St.		Baltimore	24	- () 4 township)
7			Yrs.	D. STREET ADDRESS (If	rural, give location)	
	Length of stay in Baltimo	ro	Mos.	1722 Jackso	61	
	SEX 6. COLOR OR R.		Days Days	8. DATE OF BIRTH	I A ACE (In vance)	If Under 1 Year If Under 24 Hours
	M W	Wildy	ED DIVORCED (Specify)	May 2, 1878	73 birthday) M	onths Days Hours Min.
	A. USUAL OCCUPATION (Givel k done during most of working life, even if re		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
	Farmer	Self		Anne Arundel	Co. Md.	WHAT COUNTRY
13	FATHER'S NAME	1 302.	Onio 20 v od	14. MOTHER'S MAIDEN N		
	James Robin	nson		Barbara Coll	ina	
15	. WAS DECEASED EVER IN U.S. A	ARMED FORCES?	I 16. SOCIAL			
(Ye	e, no or unknown) (If yes, give war o	or dates of service)	SECURITY NO.	17. INFORMANT		ADDRESS
_				Mr. Geo. E. I	obinson 21	ll Hillcre st
	18. 422,1		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITI	ION DIRECTLY		,	,	
	(This does not mean the m	DEATH ode of dylng, e. :	e (A)	Gral Throng 4	00515	4 days
	heart failure, asthenia, etc. I injury or complication wh	t means the discas	e.			
	ANTECEDENT	CAUSES	ArTi	rid-Sclerotie L	V. dien.	
O	DISEASES OR CONDITION	NS, IF ANY, GIVIN	IG (E)			
F	RISE TO THE ABOVE CAUSE UNDERLYING CONDITIO	(A) STATING TE	TE DUE TO			
CA		2.701.	(C)	***************************************		
FIC						
ERTI	OTHER SIGNIFICANT CO	ONDITIONS COM	1.			
CEI	TRIBUTING TO THE DEATH, TO THE DISEASE OR COND					
0	19a. DATE OF OPERATION		FINDINGS OF OPER	ATION		20. AUTOPSY?
AL	4	7				YES NO
DICA	21A. ACCIDENT WAS UNDE	R. 218. PL/	ACE OF INJURY (e. g., is	or 21c. WHERE DID	If in Baltimore City,	
MED	LYING OR CONTRIBUTING CAUSE OF DEATH	IG about home,	farm, factory, street, office hidg., e			
	ID. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID INJUR	Y OCCUR?	
	The state of the s	m.	WHILE AT NOT WHILE			
	22 7 2 2 116 - 12		114	n 15 105V to 3	Markl 2 / 101	1
deceased alice on half 20, 19 2, and that death occurred at 4 m., from the causes and on the day				that I last saw the		
	23A. SIGNATURE	[hu, 19]		3B. ADDRESS	ing causes and on t	
	23A. SIGNATURE JAIA	11000		321 Wayah	and line	23c. DATE SIGNED
2	4A. BURIAL, CREMA- 24B. DA	TE	M. O. 24c. NAME OF CEMETE	BY OR CREMATORY 240 L	OCATION (City, town	n, or county) (State)
TIC	ON, REMOVAL (Specify)			7_		i, or coursely (Deadly)
_		25/52	Cedar Hill		tchie High	
	ATE RECEIVED BY REGIST	RAR'S SIGNATU	IRE / II.	25. FUNERAL DIRECTOR		ADDRESS
IN	AR 2 5 1952 7 mi	tinglove-1	dusous, Note	SOHN HO DENNY	TNC 715	Light St.
-	VS 150	0	42	To the state of th	9 11111	
			16	010		
			10	010		

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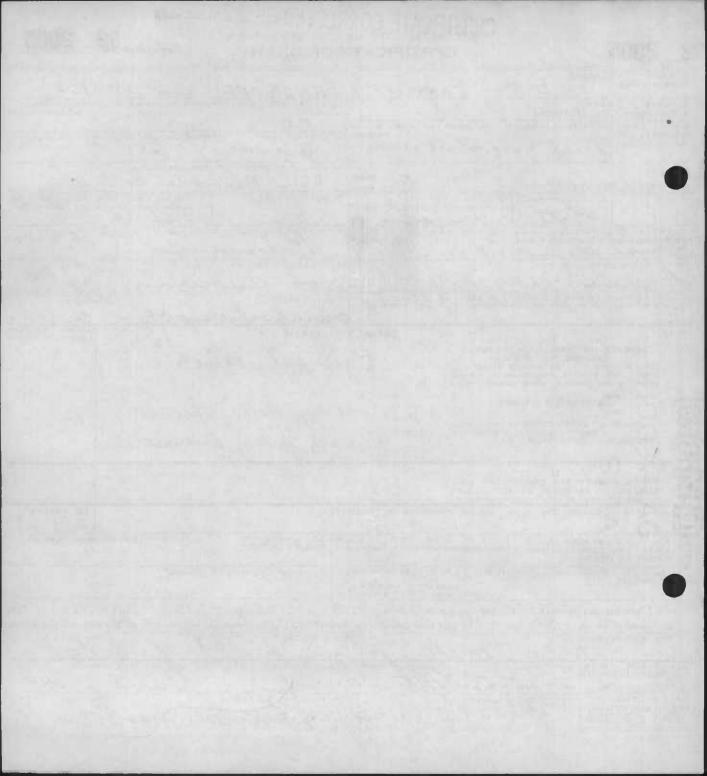
561 2_{IRTH} 2905

CERTIFICATE CORRECTED 4-21-56

Registered 52 2905

V	BALTIMORE'	CITY	HEALTH	DEPARTMENT
-	CERTII	FICA	TE OF	DEATH

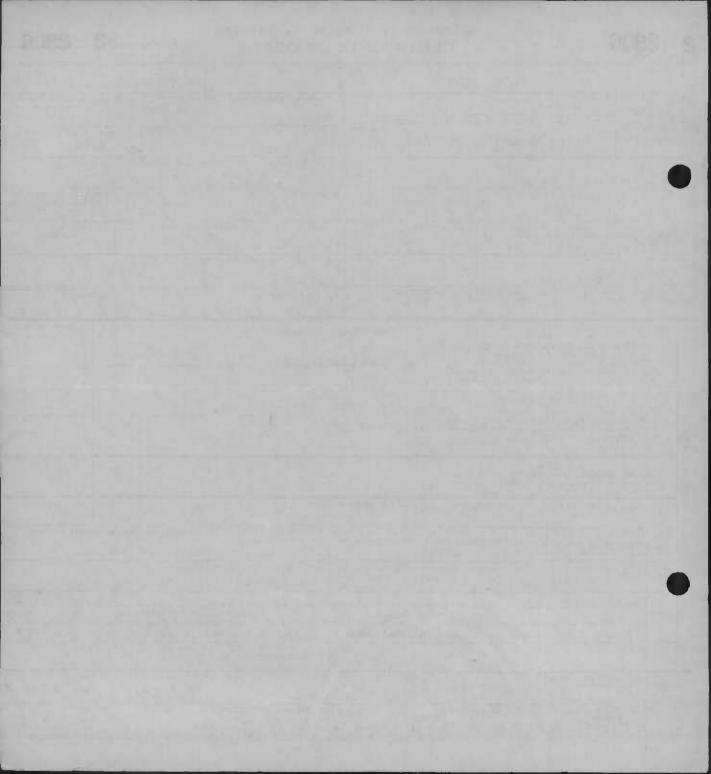
1. NAME OF DECEASED	2. DATE	1
(Type or Print) ETHEL FAMAROFF (FANAROFF) DEATH 3/2	.3/52
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If in B. COUNTY	stitution : residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	1 10	ALL
HOSPITAL OR location)	c. CITY OR TOWN (If outside corporate limits,	write RURAL and give
INSTITUTION Sinai Hospital of Baltimore	Baltimore DO	/ township)
Yrs.	D. STREET ADDRESS (If rural, give location)	
ength of stay in Baltimore	4616 Manordeen Rd.	#29
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	B. DATE OF BIRTH 9. AGE (In years # U	inder I Year If Under 24 Hours
F Whete Wildow	last birthday) Mon	ths Days Hours Min.
10A USUAL OCCUPATION (Give bind of 10B. KIND OF BUSINESS OR		2. CITIZEN OF
work done during most of working life, even if retired) Nouse Willeman Industry	Kussia	WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Access Milana Lagano	14. MOTHER'S MAIDEN NAME	
I gman preger mill	not jenown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, ng/or unknown) (If yes, give war or dates of service) SECURITY NO.	17/INFORMANT / AD	DRESS)
SECONTY NO.	darah tanaroll-	dame
18. 4-70.) CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH
LEADING TO DEATH	yocardial Infaction	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease.	1 100 100-1 1117000 1104	
injury or complication which caused death.) DUE TO		
ANTECEDENT CAUSES	1. 0 .	
Z (B)	rohang Arken Thrombosis	
O DISEASES OR CONDITIONS, IF ANY, GIVING	/	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	many Artery Arterioscless	4
(c)	100 of 7111 of At 10020 and	2
L II		
OTHER SIGNIFICANT CONDITIONS CON-		
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
, 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER		20. AUTOPSY7
		YES NO
21a. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (6.8.8.1	in or 21c. WHERE DID (If in Baltimore City, gi	
LYING OR CONTRIBUTING about bome, farm, factory, atreet, office bldg.,	,etc.) INJURY OCCUR?	
S CAUSE OF BEATH		
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR		
m. WHILE AT NOT WHILE AT WORK		
22. I hereby certify that I attended the deceased from 3	17 , 1952 to 3/23 , 1952	that I last sam the
deceased alive on 3/23, 1952, and that death occur	rred at /D' & On from the causes and on the	
23A. SIGNATURE	23B. ADDRESS	23c. DATE SIGNED
ha i hiele	Sinai Hospital	3/24/02
24A/BURIAL, CREMA- 24B. DATE / 24C. NAME OF CEMETE		r county) (State)
TION REMOVAL (Specify)	a Back	741
Surval 2-47-17 1111 Ca	ormee 10 allo	1 min
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 25 1952 Juntington Waliamson 15	Weller Below, me 2100h	estaw /2
VS 150		
VS 130		



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 52 2906

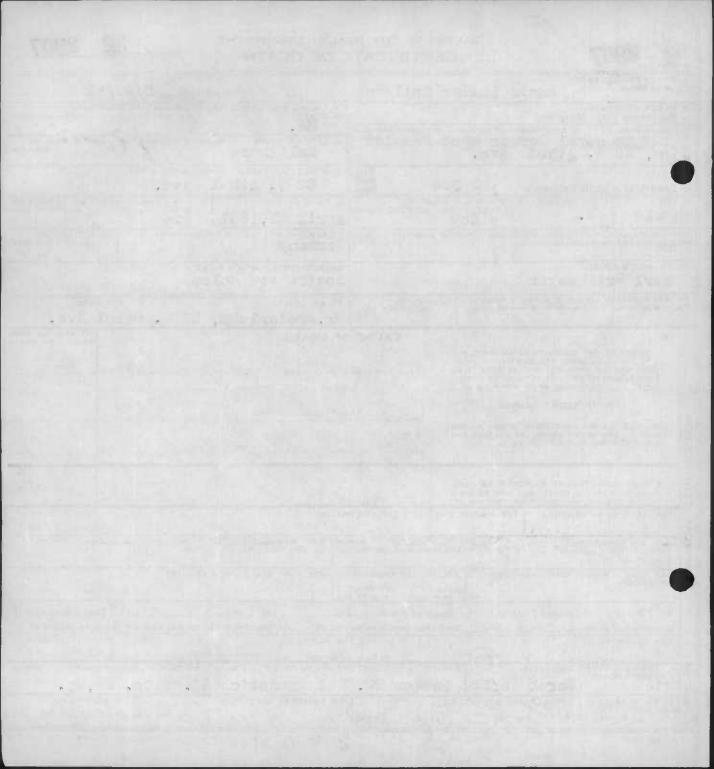
BI	RTH NO.		
	NAME OF DECEASED ype or Print) MORRIS KLEIN	2. DATE OF March 24	, 1952
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If insti	itution: residence before admission)
	FULL NAME OF If not in hospital or institution, give street address or	Maryland	
	OSPITAL OR location location		
114	Union Memorial Hospital	Paltimore	township)
	Yrs.	o. STREET ADDRESS (If rural, give location)	
	Length of stay in Baltimore Days	600 N. Carrollton Avenue	
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.		1 Year It Under 24 Hours
	Male White Widowed (Specify)	last birthday) Months	Bays Hours Min.
10	A. VSUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF
WOFE	denoduring most of working life, even if retired)	Russes -	WHAT COUNTRY
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	not Sugar	Fano	
15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	J wyw	
(Yes	MAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL In no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADD	(ESS)
		Lenvary Rely - 8206.	Melsex
	18. F 1' . L CAUSE C	OF PEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH
	LEADING TO DEATH	ng injury of the chest	
	heart failure, asthenia, etc. It means the disease,	Ab. Ather Mary J. William Williams	***************************************
	injury or complication which caused death.) OUE TO		
	ANTECEDENT CAUSES		
z	DISEASES OR CONDITIONS, IF ANY, GIVING	res of both legs.	
FICATION	RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO		
AT	UNDERLYING CONDITION LAST. (C)		
NO.			
느	OTHER SIGNIFICANT CONDITIONS CON-		
RTI	TRIBUTING TO THE OEATH, BUT NOT RELATEO TO THE OISEASE OR CONOITION CAUSING IT.		
CE	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?
	TOX. DATE OF OFERATION		YES NO
AL	21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in	or 21c. WHERE DID (If in Baltimore City, give	
EDIC,	UNDERLYING OR CONTRIB. about home, farm, factory, street, office bldg., e	tc.) INJURY OCCUR?	1, 15 1 1 15
	UTING CAUSE OF DEATH. Street	800 block of Belvedere Avenu	ie ili
Σ	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE		
	3/21/52 1:40 a. m. WHILE AT NOT WHILE AT WORK	x Pedestrian struck by automob	oile
	22. I certify that I took charge of the remains described a	bove, held an autopsy the	hereon and from
		Autopsy, Inspection or Inquiry	lan stated above
	the evidence obtained by said Autopsy, Inspection or I and death in my opinion resulted from: natural causes	\square accident \square suicide \square homicide \square unde	ay stated above, termined \square .
	23A. SIGNATURE	238. CHIEF MEDICAL EXAMINER 3 23c. D	
	(XXXIII).	ASSISTANT MEDICAL EXAMINER	121/52
24	A, BURIAL, CREMA- 248. DATE 24C. NAME OF CEMETER	RY OR CREMATORY 240. LOCATION (City, town, or c	county) (State)
TIC	N/REMOVAL (Specify)	ago Hat	Tours
18	Lebral 3-25-42 Rosed	25 FUNEDAL DIRECTOR	DDRESS
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	LE P
1	MAR 2 5 1957 I untington Bill and About	Joen During NE 2100 Gu	tous 1 x
V	S 151		11/
	N862. 2		



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 2907

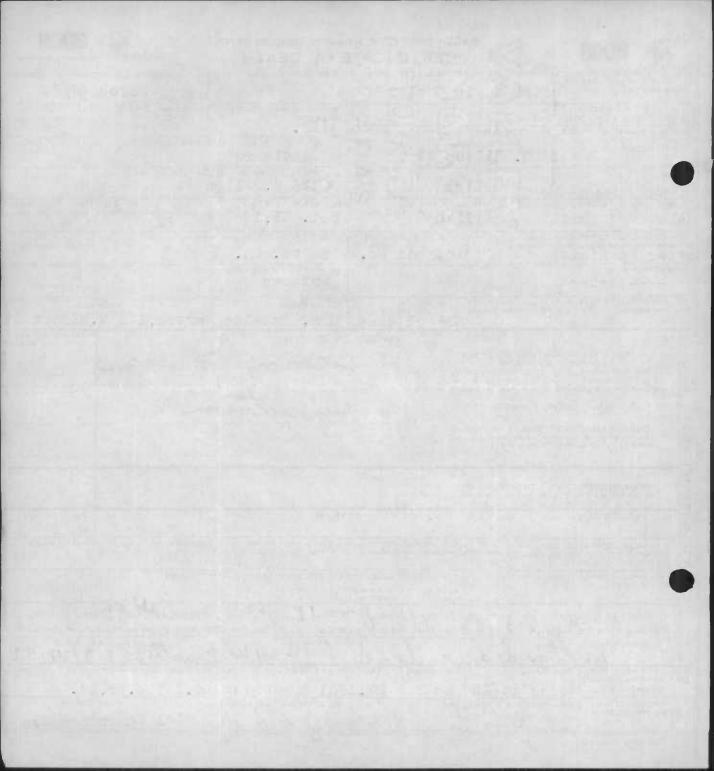
BIRTH NO.						
1. NAME OF DECEASED (Type or Print) Annie Louis	se Sellers		2. DATE OF 3/22/52			
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institut	ion, give street address or	A. STATE	here deceased lived, If institution; residence B. COUNTY before admission)			
Home, 22 S. Athol Ave.	ed Peopleson)		outside corporate links, write HUML and give township)			
c. Length of stay in Baltimore 85	yrs Yrs. Mos. Days	22 S. athol	ural, give location) AVE.			
5. SEX 6. COLOR OR RACE 7. SINGLE WIDOW WIDOW	E, MARRIED. /ED, DIVORCED (Specify) W	April 21,1857	9. AGE (In years If Under 1 Year If Under 24 Hours last birthday) Months: Days Hours Min.			
10A. USUAL OCCUPATION (Givekind of top during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Germany	reign country) 12. CITIZEN OF WHAT COUNTRY?			
carl Brinkmeyer		Louise von Hal				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	Sr. Fredericka,	22 S. Athol Ave.			
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED						
	FINDINGS OF OPER		20. AUTOPSY? YES NO			
YES						
ID. TIME (Month) (Day) (Year) (Hour) F INJURY	OCCUR?					
	22. I hereby certify that I attended the deceased from Fly 1, 1950, to 22 March, 1952 that I last saw the deceased alive on 22 March, 1952, and that death occurred at 7. 20 Pm., from the causes and on the date stated above 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED					
Burial March 25/52	Loudon Pk. 3	RY OR CREMATORY 24D. LO 3801 Frederick 1	PATION (City, town, or county) (State) Rd. Balto. 29, Md.			
LOCAL REGISTRAR Tuntington	111:	arry H. Will	4101 admondson Ave			
VS 150	tion to d	9 9 8 1 0				



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

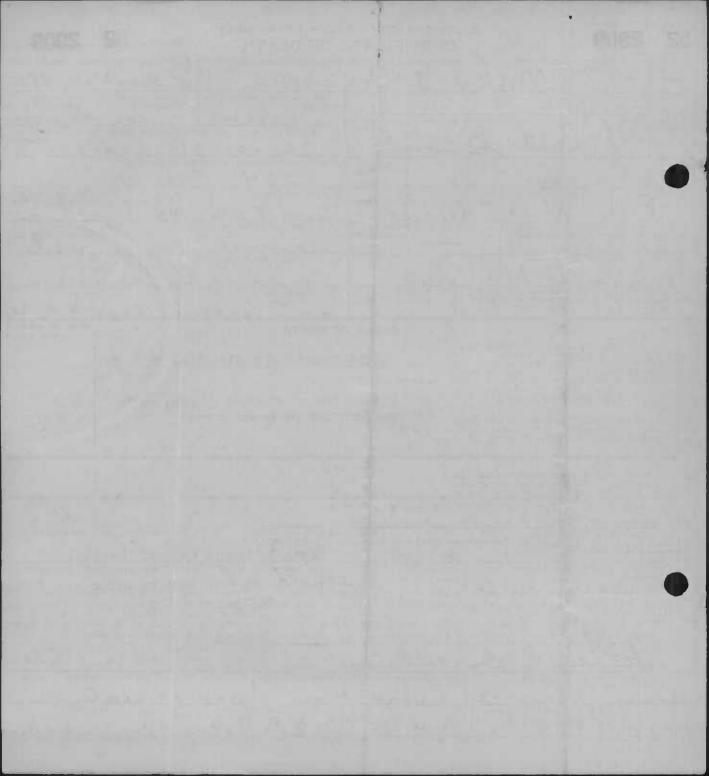
52 2908 Registered No.

BIRTH NO.						
1. NAME OF DECEASED (Type or Print) Joseph I	dwin Carter		of Marc	h 24/52		
a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)				
HOSPITAL OR	r institution, give street address or location) Iilton St					
c. Length of stay in Baltimore	Yrs. Mos.	D. STREET ADDRESS (If 126 N. Hilto)				
5. SEX 6. COLOR OR RACE 7.	. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE (In years) #	Under 1 Year U Under 24 Hours nths; Days Hours: Min.		
Male White I	WIDOWED DIVORCED (Specify) DB, KIND OF BUSINESS OR	Oct. 19,1882	69			
work done during most of working life, even if retired) aster Machinist I	inen Tread Co.	Balto. Md.		12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAMECarter		14. MOTHER'S MAIDEN NA Unknown	ME			
15. WAS DECEASED EVER IN U. S. ARMED F((Yes, no or unknown)) (If yes, give war or dates of	DRCES7 16, SOCIAL SECURITY NO. 215 01 4884	17. INFORMANT Mrs. Rosalie		N.HILton St		
DISEASE OR CONDITION DIF (This does not mean the mode of deart failure, asthenia, etc. It means to injury or complication which causes antecedent causes ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) ST. UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT	ying, e. g., (A)	Gerenay T Hypertens	memler	ONSET AND DEATH		
TO THE DISEASE OR CONDITION CA	MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?		
	21B. PLACE OF INJURY (e. g., in bout home, farm, factory, street, office bldg., e	or 21c. WHERE DID (I	f in Baltimore City, g	1.00		
ID. TIME (Month) (Day) (Year) (Horizontal)	our) 21E. INJURY OCCURRE while at Not while at work at work	ED 21F. HOW DID INJURY	OCCUR?			
22. I hereby certify that I attend	ded the deceased from So	red at		that I last saw the date stated above.		
23A. SIGNATURE	simila M.D.	3B. ADDRESS 4 W 7	- muttef	3/27/52		
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	24c. NAME OF CEMETE		DA BOT to 20			
DATE RECEIVED BY REGISTRAR'S S		801 Frederick	4101 bdm	ADDRESS		
VS 150	Agheren &	arry to augh	CETOT DOWN	ondson Ave		
	54.	404F				



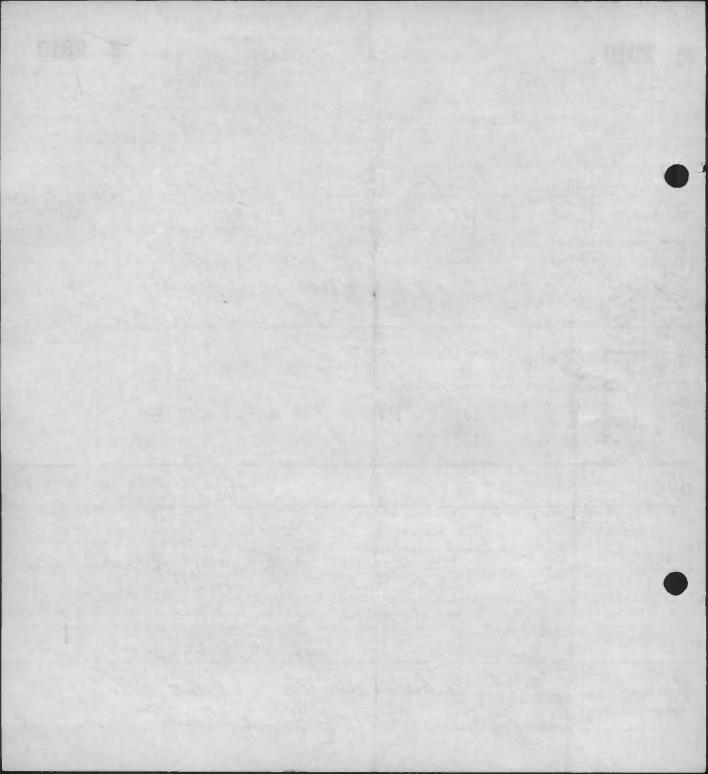
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	52 BIRT	290 H NO.	9				OF DEATH	5.1	Registered 22_	2909
	(Туре	AME OF D	/Y	IARY	J.	GR	EAVER		OF March	22,1952
	B. FU HOSF	ACE OF DI altimore C LL NAME PITAL OR ITUTION	ity, Maryland	pital or institution	on, give stree	t address or location)	A. USUAL RESIDER A. STATE MARKET C. CITY OR TOWN	AND	deceased lived. If inst B. COUNTY AND Education of the corporate limits, w	before admission) ARSWOEL rite RURAL and give township)
	0	ngth of s	tay in Baltimore	30	5	Yrs. Mos. Days	D. STREET ADDRES	SS (If rural	give location)	
	5. SE		6 COLOR OR RAC	E 7. SINGLE	MARRIED, ED, DIVORC		8. DATE OF BIRTH	1906	last birthday) Month	r I Year s Days Hours Min.
	work don	ne during most o	CUPATION (Give kine of working life, even if retire is a life of the life of t		OF BUSINE	SS OR NDUSTRY	-	tate or foreign	recountry) 12	CITIZEN OF WHAT COUNTRY?
			D EVER IN U. S. ARE (If yes, give wer or d		16. SOCIA SECUR	L LITY NO.	TOSEPH 17. INFORMANT	BREAU	V. RASM ADDI	RESS 4 + 4 ST.
	ATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES CAUSE OF DEATH Subcutaneous and mediastinal emphysema (A) Distention of stomach by gas, with								
	ERTIFIC,	TRIBUTING	II IGNIFICANT CON TO THE DEATH, BUSEASE OR CONDITI	UT NOT RELATER	D					
	()	9A. DATE O	F OPERATION	19B, MAJOR	FINDINGS	OF OPERA	ATION			20. AUTOPSY?
	EDI OI	NDERLYIN	NAL CAUSE WAS G IT OR CONTRI CAUSE OF DEAT	B. about home, fa	ce of injurem, fectory, streethospita	RY (e. g., in et, office bldg., et	South Balt	timore (Baltimore City, give	ital 24 3
		FINJURY	Month) (Day) (Ye 2. 1952 2	FO D W	HILE AT WORK	NOT WHILE			cube by erro	
	2						bove, held an am	toppy on	d Inquing t	hereon and from
		the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \Box , accident \square , suicide \Box , homicide \Box , undetermined \Box .								
		BURIAL C	reley 18	· Du	lack.	M.	238. CHIEF MEI ASSISTANT MEI D. MEDICAL INVE	DICAL EXAN	MINER 23C. L	county) (State)
	DATE	REMOVAL (S VR.AL E RECEIVER AL REGIST	pecify) 3-2	R'S SIGNATUI	CEO	AR I	25. FUNERAL DIRE	26	HRUNGEL AL	Co. M.
1	VS	151	- 010 C	1000	agrace.	7.	DONGEY	NON.	3 100110	· · · CAFEE ITEM

N-999.0



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered 20 2910

56	2910	CERTIFICAT	E OF DEATH	Registered Ro_	2910	
	NAME OF DECEASED THOM YPE OF Print) DIANE TOOM	8		2. DATE SZI	152	
A.	PLACE OF DEATH: Baltimore City, Maryland Provide FULL NAME OF (If not in hospital or instit	dent Hook,	4. USUAL RESIDENCE (Where deceased lived, If inst. B. COUNTY	tution : residence before admission)	
H	DISPITAL OR ISTITUTION POPULATE A HOS A	location)	C. CITY OR TOWN (I	f outside corporate limits, w	riteRURAL and give lownship)	
Z	Length of stay in Baltimore	life Yrs. Mos. Days	D. STREET ADDRESS (III	rural, give location)		
5,	SEX 6. COLOR OR RACE 7. SING	LE. MARRIED. WEO, DIVORCED (Specify)	8. DATE OF BIRTH 3 - 23 - 43.	9. AGE (In years H Unde last birthday) Months		
10 wnr	A. USUAL OCCUPATION (Give kind of the during most of working life yeven if retired)	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	Coreign country) 12.	CITIZEN OF WHAT COUNTRY?	
13	FATHER S NAME	1/	14. MOTHER'S MAIDEN N	IAME	1 /20	
15 (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? B. no or unknown) (If yos, give war nr dates nf service)	16. SOCIAL SECURITY NO.	17. INFORMANT	RSOT	RESS	
	18. F 9 1 1 0	1 -	Josthin / hom	as 1212 Dru	interval BETWEEN	
	DISEASE OR CONDITION DIRECTL LEADING TO DEATH (This does not mean the mode of dying, e heart failure, asthenia, etc. It means the dise injury or complication which caused dea	e., (A) Em 7	Polisin (2)		ONSET AND DEATH	
ICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ACOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	ING	2 - Intamedula CERT	Mailine	ВУ	
CERTIF	II OTHER SIGNIFICANT CONDITIONS C TRIBUTING TO THE DEATH, BUT NOT RELA TO THE DISEASE OR CONDITION CAUSING	TED	Chite	SO VALLE OF OR A ST, MEDICAL EXAME	M, D.	
CAL	3/21/52 / nu	R FINDINGS OF OPER	oft Jenus.		YES NO	
MEDIC	21a. ACCIDENT WAS UNDER 21B. P LYING OR CONTRIBUTING about hom CAUSE OF DEATH	LACE OF INJURY (e. g., i e, farm, factory, street, office bldg.,	dor 216 WHERE DID (1816.) INJURY OCCUR?	If in Baltimore City, give	land.	
	D. TIME (Month) (Day) (Year) (Hour) INJURY	WHILE AT NOT WHILE WORK AT WORK	0 / 1	rellon fier	,	
	22. I hereby certify that I attended the deceased from 10 19, 1957, to 3 2/, 1952, that I last saw the deceased alive on 3/21/5719 and that death occurred at m., from the causes and on the date stated above.					
	23A. SIGNATURE	M. D.	3B. ABBRESS	Hasp 2	3/24/57	
	AA. BURIAL, CREMA- 24B. DATE OT, REMOVAL (Sparify) 3 /25-52	CA CHILLA	CAMITAGE DA	OCATION/(City, town, or o	ounty) (State)	
10 L	ATE RECEIVED BY REGISTRAR'S SIGNAT	TURE	25. FUNERAL DIRECTOR	, 9160	DDRESS	
=	VS 150	The same of the sa	San Colonia		Mu ane	
	N820.1					

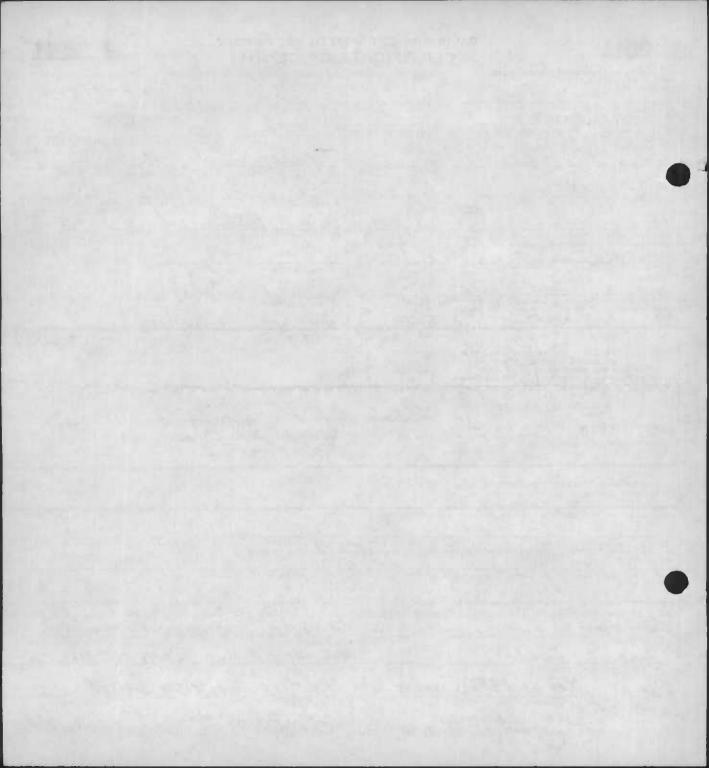


BALTIMORE CITY HEALTH DEPARTMENT Registered Ro. 2911

BI	RTH NO.	E OF DEATH	Registered	
I.	NAME OF DECEASED	-1/	2. DATE	- / -
	C'arence Marcoiri la	3/12-terro	DEATH 3/2	152
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Wh	ere deceased lived, if ins	
В.	FULL NAME OF (If not in hospital or institution, give street address or	N/	Ballery	Section 1
	OSPITAL OR location	c. CITY OR TOWN (If o	utside corporate limits, v	
	Juin Me would Hoshild	Towsm	5.2	townshi))
	Yrs.	D. STREET ADDRESS (If re	ral, give location)	
C.	Length of stay in Baltimore Mos. Days	506 W/1/1e	92444 du	e
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (in years Il Uni	lei 1 Year It Under 24 Hours is Days Hours Min.
	M WISCHES SPECIAL	3/2//1886	66	is Days Hours Pin.
	A. USUAL CCCUPATION (Give kind of IOB, KIND OF BUSINESS OR aln DUSTR)	11. BIRTHPLACE (State or fer	eign country) 12	CITIZEN OF
-	some during most of working life, even if retired	Va		WHAT COUNTRY?
	FATHER'S NAME	14. MOTHER'S MAIDEN NAT	ME	
	teliv Ti Talla Loppe	da P		
15	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT	ny	
(Ye	s, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Ada a	1.	RESS
_	1 1000	Mars Manes 10	led terro	
		OF DEATH		ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH			15.51
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	V		
	injury or complication which caused death.) DUE TO			
	ANTECEDENT CAUSES	0 /	0	
NO	(B) Blongw	Prostatie Hypertrop	ky ē	
일	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	Prostatie Hypertrop Bilateral Hydronip Nuphroselerosis	brosis and	
CA.	UNDERLYING CONDITION LAST. (C)	Nephroselerosis		
FIC				
RTI	OTHER SIGNIFICANT CONDITIONS CON-			
日	TRIBUTING TO THE DEATH, BUT NOT RELATED			
0	TO THE DISEASE OR CONDITION CAUSING IT. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OPERATION	RATION		1 20. AUTOPSY?
AL				YES NO
EDICA	21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e. g.,	in or 21c. WHERE DID (If	in Baltimore City, give	
ED	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
Σ	1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE	RED 21F. HOW DID INJURY	OCCUR?	
	F INJURY WHILE AT NOT WHILE			
	m. WORK AT WORK		, , , , , , , , , , , , , , , , , , , ,	
	22. I hereby certify that I attended the deceased from	15-152, 19 , to 3/	24/12,19 ,1	hat I last saw the
	deceased alive on 3/23/12,19 , and that death occu	rred at 4:10 In., from the		
		23B. ADDRESS		23c. DATE SIGNED
		Union Memorial 14040.	, Balto.	3/24/52
	AA. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE		1 00 11	4 /
	BUYIA/ YMAY. 26, 1752 LOYFAINE PAPA		lawu, Balto	
D	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	A	DDRESS
Th.	TR Zaraon II as L Will	. Inleven Boxess !	Spies Tame	au Md

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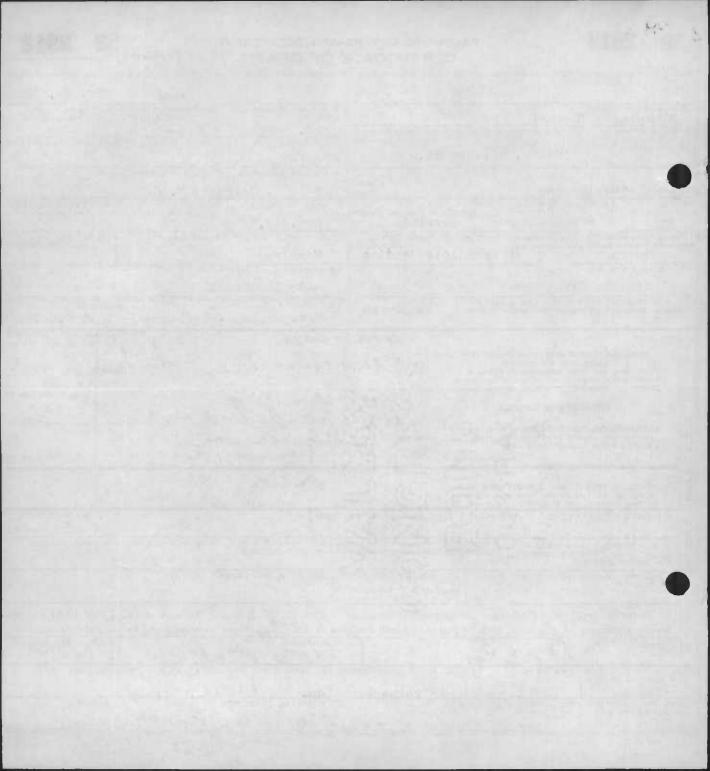


P52 2912

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 2912 Registered No.

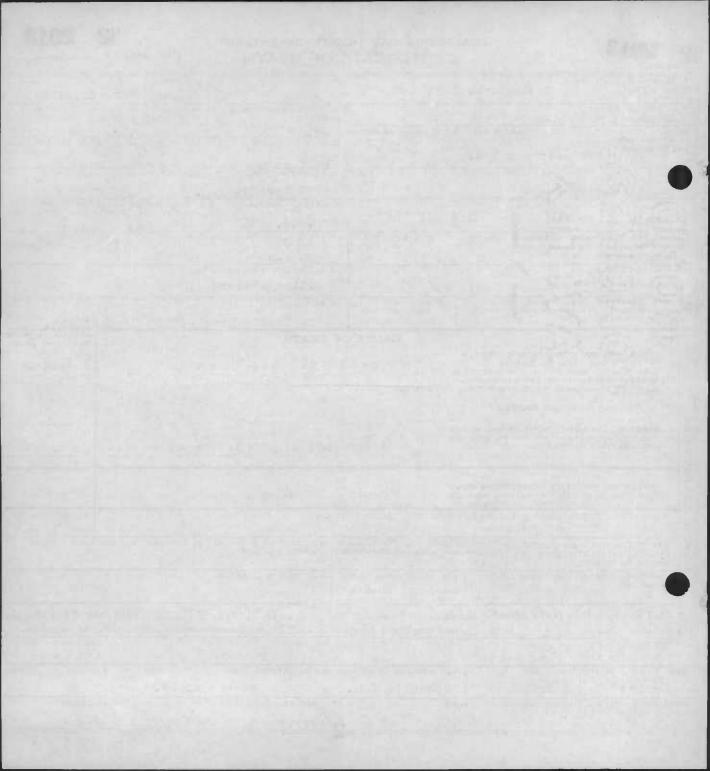
BIRTH NO.							
1. NAME OF D (Type or Print)	ECEASED JO	SEPH WA	TSON FOSBENNER		2. DATE OF DEATH	Mar. 24	, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (W	here deceased lived. B. COUNTY		admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION 1630 N. Calvert St.			Md.	4.71	15	* 1 1	
			c. CITY OR TOWN (If outside corporate limits, white RUHAL and give township)				
	2000 110	002101	Yrs.	Baltimore D. STREET ADDRESS (If	rural, give location)		
a Langth of a	tay in Baltimore		Mos.				
5. SEX	6.COLOR OR RACE	7. SINGLE	Days	8. DATE OF BIRTH	9. AGE (in years)	If Under 1 Year If	Under 24 Hours
male	white	WIDOW	ED, DIVORCED (Specify)	Aug. 18.1878	last birthday)	Months Days H	ours; Min.
	CUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (State or fo		1 12. CITIZEN	OF
work done during most of Salesman	of working life, even if retired)		sale Candies	Maryland			OUNTRY?
13. FATHER'S N		1 111510	Jaio Candios	14. MOTHER'S MAIDEN NA	AME		
William	G. Fosbenner			Kate Sheubrook			
		D FORCES?	16. SOCIAL	17. INFORMANT		ADDDESS	
(Yes, no or unknown)	ED EVER IN U.S. ARME! (If yes, give war or date	s of service)	SECURITY NO.	Mrs. Marie J.	Fosbenner .	- 1630 N.	Calvert
Injury or Z O DISEASE: RISE TO T UNDERLY UNDERLY OTHER S	re, asthenia, etc. It mes complication which of ANTECEDENT CAUSES OR CONDITIONS, IT HE ABOVE CAUSE (A) YING CONDITION LA	eaused death SES F ANY, GIVIN STATING TH ST.	(C)	ocar detis erio-sclus per tueno	' جسر ت	Ers	Luck L
U TO THE D	TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONCITION CAUSING IT.					TODOVA	
	F OPERATION 1	98. MAJOR	FINDINGS OF OPER	OPERATION 20. AUTOPSY?			
LYING OI CAUSE OF ID. TIME	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bidg., etc.) CAUSE OF DEATH 10. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?						
		m. 1	WHILE AT NOT WHILE				
22. I hereb deceased g			and that death occur	red at 11. 2m., from t 3B. ADDRESS 1403 Pare	he causes and on		ed above.
24A. BURIAL, O	CREMA- 24B. DATE	/1:	24c, NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, tov	vn, or econty)	(State)
Burial	3/26/52	/	Lorraine Par	k Cem. Balt	2. Md.		
DATE RECEIVE	D BY REGISTRAR	SSIGNATU		25 FUNERAL DIRECTOR	benery	ADDRESS	
VS 150		0.	49	7063 / 18	all 1	ms.	



BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE SADIE L. SLEE (Type or Print) OF Mar. 22, 1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; resid nee A STATE B. COUNTY A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) c. CITY OR TOWN (If outside corporate limits, write INURAL and give INSTITUTION town hin) 4220 Vermont Ave. o. STREET ADDRESS (If rural, give ocation) Yrs. Mos c. Length of stay in Baltimore 4220 Vermont Ave. Days 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | 11 Under 1 Year | If Under 24 Hours last birthday) | Months; Days | Hours | Min. 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify)
WIDOWED female white Nov. 27, 1855 96 10A. USUAL OCCUPATION (Give kind of) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Housewife at home Maryland 13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME John H. Price Justina Willerd 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. none none Miss Jessie Slee - 4220 Vermont Ave INTERVAL BETWEEN 4:0. CAUSE OF DEATH 18 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CUronary occlusion HOURS (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE Arterioscleratic eardibrascular Dis. un Kumm UNDERLYING CONDITION LAST. TI OTHER SIGNIFICANT CONDITIONS CON-Anemia TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198 MAJOR FINOINGS OF OPERATION EDICAL 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 10. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY NOT WHILE 1945, to March 22, 1952, that I last saw the 22. I hereby certify that I attended the deceased from Fab deceased alive on 3-20-52, 19 and that death occurred at & Am., from the causes and on the date stated above. 23A. SIGNATURE 238. ADORESS 23c. DATE SIGNED nathan 5. Filmer &. 206 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or eounty) Burial 3/25/52 Spesutia Cem. Perryman. Md. ADDRESS 25 FUNERAL DIRECTORY DATE RECEIVED BY REGISTRAR'S SIGNATURE was to vely age

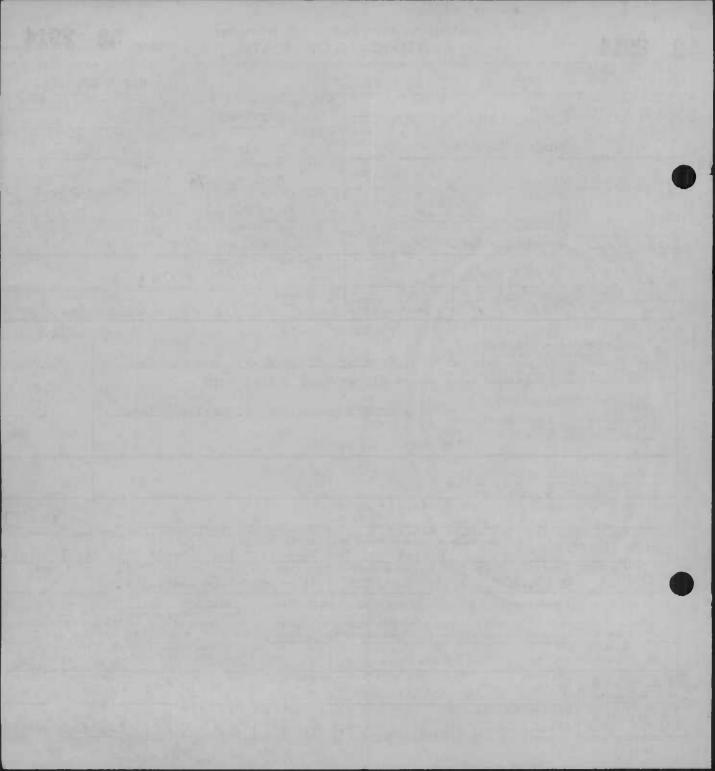
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

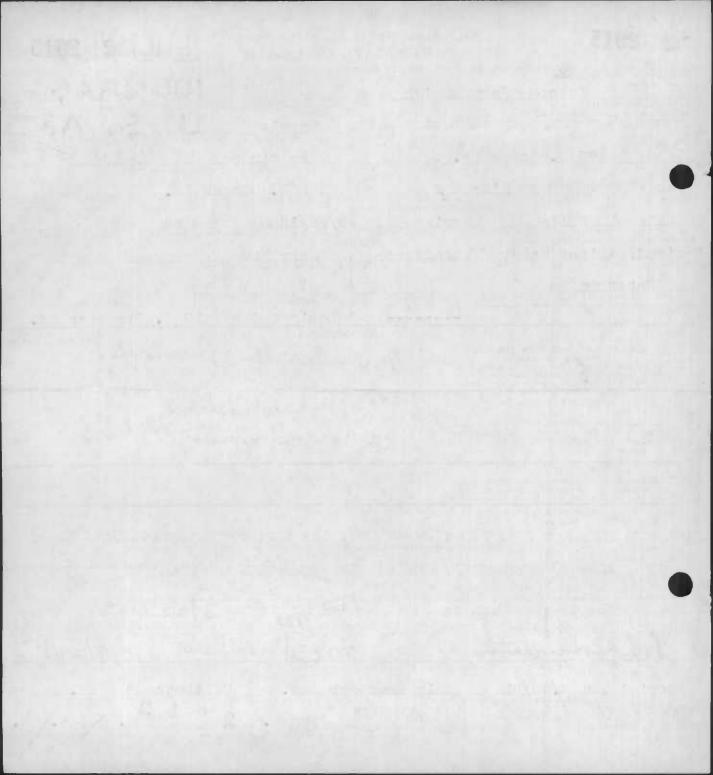
Registered No. 2914

(7	NAME OF Type or Print		CLEM	ENT	E.	KRUGI	ER		2. DATE OF DEATH	March	22,	1952
A	Baltimore	City, Ma					A. STATE	Maryland		ed lived. If ir DUNTY		n : residence efore admission)
	FULL NAMI		f not in hospit	al or institu	tion, give s	treet address or location)			1.0		-	25
	NSTITUTION		Marine	Hospita	al	iocation,	C. CITT OR	Baltimore		orate limits,	write	URAL and give township)
	48					Yrs.	o. STREET	ADDRESS (I	f rural, give lo	ocation)		
	Length of				0	Mos. Days		5204 Powl				
	male	whi	te .te	LU	un,	PREED (Specify)	HU978-	1978	1 7	thday) Mon	nder i Year the Day	Hours Min.
70	A) USUAL C	CUPATION OF WORKING HE	ON (Givekinder for even if refired)	de KINI	D OF TUS	INESS OR INDUSTRY	11. BIRTHEL	ACE (State or	foreign county	(2)		IZEN OF AT COUNTRY
13	OBE	NAME	9. KA	UGER	P	0	14. MOTHER	m. W	NAME TURPI	44	H	1/
(Ye	S. WAS DECEA	SED EVER I	give way or date	FORCES?		CIAL CURITY NO.	ANN M.	TRUGER	1204	lowh.	DRESS 4+A	N AVE
1	18. 🗡	219.1	1.			CAUSE	OF DEATH					RVAL BETWEEN
	DISE	ASE OR C	ONDITION OF A	DIRECTLY	,							
	(This do	es not mea	n the mode of	of dying, e.	g., (A	, Fractu	re of ne	ck with	compress	ion		
	injury o	or complica	ia, etc. It mes tion which o	aused deat	h.)	→ of ce	rvical s	pinal co	rd			
		ANTECE	DENT CAUS	SES			4					
7	Diemie				(8)	, Bronch	opneumon	ia, right	t lower	lobe		***************************************
Ö	RISE TO	THE ABOV	NDITIONS, I	STATING T	HE OUE	то						
AT	UNDER	LYING CO	NDITION LA	ST.	(0	.)						
FIC	ACCOUNTS OF A STATE OF										at and suppressions	
F			ANT CONDI									
田田	TO THE	OISEASE O	DEATH, BUT	CAUSING	IT.							
7	19A. DATE	OF OPERA	ATION 1	98. MAJOR	FINDING	GS OF OPER	ATION				20. YES	AUTOPSY?
DICA	21A. EXTER	NG A OR	CONTRIB.	218. PL	ACE OF In	NJURY (e. g., in street,office bldg., e	or 21c. WH	ERE DID OCCUR?	(If in Baltime	ore City, giv		
			OF DEATH.		stre		Purne		e (Drui	d Hill	Park	3)
2	of injury	(Month)	(Day) (Year)		WHILE AT WORK	NOT WHILE	- 1 - 1	ofence of			g car	r and
						described a			topsv		theree	on and from
	the e	vidence o	btained bu	said Aut	onsu. Ins		nguiry, find	Autopsy.	Inspection of deceased die	Inquiry ed on the	dau s	tated above.
	23A. SIGN		7/6.1	Du	lac	luz M.	238. CHI ASSISTA	EF MEDICAL NT MEDICAL INVESTIGAT	EXAMINER.		DATE	SIGNED
34	BURIAL.	/ Ct / Ct	3-27-	53	24C.NAM	E OF CEMETER			Salt	C-2 (11 d to - 11	-) (State)
	ATE RECEIV DCAL REGIS		Hurtin		Vellier	100	25 FUNERA	L DIRECTOR	B.M	. 6	BORES	ledy
V	5 151	1 - 8	06.2	0			On	4	Olan	ite	10	N



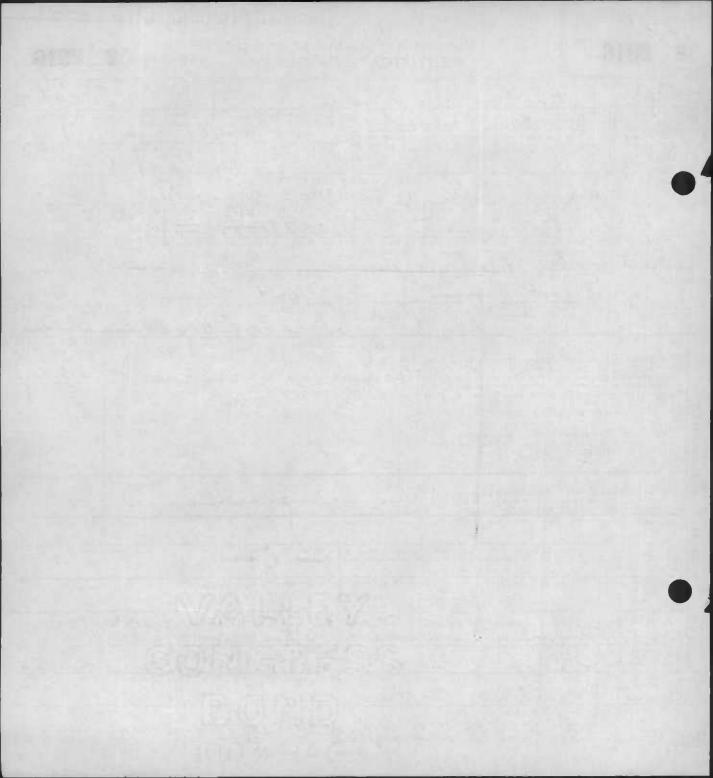
BALTIMORE CITY HEALTH DEPARTMENT Registered 12 2915

BIRTH NO.	E OF DEATH
1. NAME OF DECEASED (Type or Print)	2. DATE
Joseph John Smith	DEATH March 22,1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address of	
HOSPITAL OR location	C. CITY OR TOWN (If outside corporate limits, wate RURAL and give
125 N.Glover St.	Baltimore 6 0 township
Yrs.	D. STREET ADDRESS (If rural, give location)
ength of stay in Baltimore Iffe Days	125 N. Glover St.
5. SEX 6. COLOR DR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years If Under I Year If Under 24 Hours
Male White Married	last birthday) Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	BIRTHPLACE (State or foreign country) 12. CITIZEN OF
work dooeduring most of working life, even if retired) Retired (Cabinet Maker Furniture	Marvland WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Peter Smith	2 2 2
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or uokoowo) (If yes, give war or dates of service) SECURITY NO.	ADDITION
18. 50 1 V CAUSE	Louis Smith 10 N. Streeper St.
	A DNSET AND GEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	te Cerebrie Hemorrhy
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	
injury or complication which caused death.) DUE TD	
ANTECEDENT CAUSES	Hyberte ton
Z DISEASES OR CONDITIONS, IF ANY, GIVING	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.	Parenchy matous thinks
ONDERLYING CONDITION EAST.	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE GEATH, BUT NOT RELATED TO THE GISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., about home, farm, factory, street, office bldg.	YES NO
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bidg.	
E CAUSE OF DEATH	
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE	
m. WHILE AT NOT WHILE MY WORK AT WORK	
22. I hereby certify that I attended the deceased from 3	120 , 195, to 3 22, 195, that I last saw the
deceased alive on 3 22-1952 and that death occu	rred at 1133 m., from the eauses and on the date stated above.
	23B. ADDRESSA . A LO . + 23C DATE SIGNED
1 Chtornslain M.D.	2048-12 3/24/52
	ERY OR CREMATORY 240. LOCATION (City, town, or edunty) (State)
Burial 3/26/52 Holy Redee	mer Cem. Baltimore Md.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
MAR 2 5 1957 Hintington Villiaus, M.	John W. OMogan 3000 E Polto St
VS 150	ler Nodewis
1 4 2	A = 54
3	05 33



RICKS EMIRICATE CORRECTED_4-8-52

	2 291 RTH NO.	16	BAL	CERTIFICAT	E OF DEATH	Registered 32	2916
1. (T	NAME OF D	ECEASED Ru	loux L	Rubs	Su	2. DATE OF MA	124/52
3. A.	PLACE OF D Baltimore (EATH: City, Maryland	- 1/	ennedy	4. USUAL RESIDENCE (Wh		titution; residence before admission)
B. HC	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hos	pital or institution	on, give street address or location)		utside corporate librite, w	08
-				7/	Ba	lto	Cownstiff
		tay in Baltimore		Yrs. Mos. Days	2063 Kenn	ural, give location)	
>	Nule	While	widowe	D, DIVORCED (Specify)	18. DATE OF BIRTH 1875 Dec 27/894	9. AGE (In years Hunday) 1-7 76 H Unday) Month	r l Year If Under 24 Hours S Days Hours Min.
worl	Mean Mean	CUPATION (Give kin of working life oven if retin	Bul	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country) 12	CITIZEN OF WHAT COUNTRY?
	FATHER'S	Donis	' Kno	n	Dow K	non-	V
15 (Yes	s, no or unknown)	ED EVER IN U.S. ARI	MED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Rules	2.063 Kan	RESS are
CATION	(This does heart failu injury or DISEASES RISE TO T	SE OR CONDITION LEADING TO DISTRICT TO DESTRUCT TO DES	ATH e of dying, e.g., leans the disease, caused death.) USES IF ANY, GIVING A) STATING THE	(A) Gan DUE TO (B)			INTERIAL BETWEEN ONSET AND DEATH
CERTIFIC	TRIBUTING TO THE D	II IGNIFICANT CON TO THE OEATH, BU ISEASE OR CONOITI OF OPERATION	T NOT RELATED ON CAUSING IT.	A.	eslopnem		20. AUTOPSY?
CAL							YES NO
1EDI		ENT WAS UNDER CONTRIBUTING DEATH		CE OF INJURY (e. g., i m,factory.street,officebldg.,		in Baltimore City, give	exact location)
2	D. TIME	(Month) (Day) (Ye	WH	TE. INJURY OCCURR HILE AT NOT WHILE WORK AT WORK		OCCUR?	
	22. I hereb	y certify that I c	ttended the d	leceased from	N. 20 1957, to Me	20.24, 1952	hat I last saw the
	23A. GIGNA		2, 19.32 a	nd that death occur	rred at 3 A.m., from the 23B. ADDRESS	causes and on the a	ate stated above. 3c. DATE SIGNED 3. 25.53
	Burial (S	Bell	27/52 2	Bellina	Cen	CATION (City, town, or o	county) (State)
	TE RECEIVE		R'S SIGNATUR	Mialier WE	25. FUNERAL DIRECTOR	me 2004 G	DDRESS

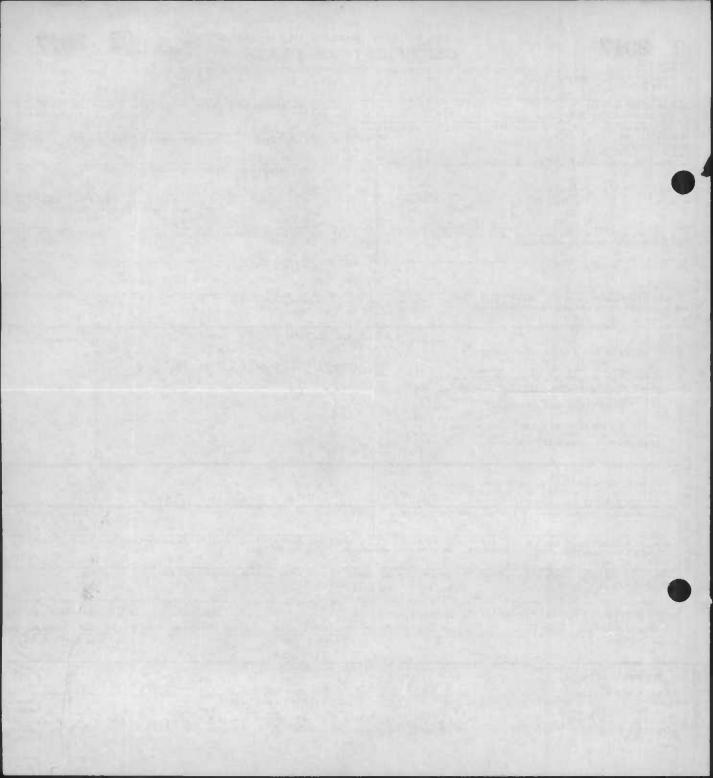


VARCHEL BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 2917

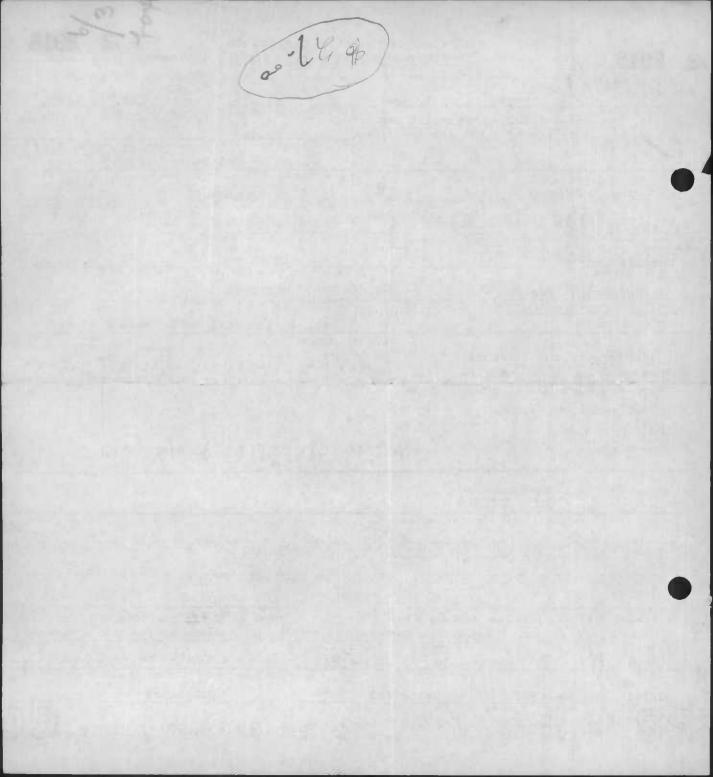
BIRTH NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE
Janes Varine	DEATH 3/34/52
a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
South Rattingre General Hospital	Beliguere 1-0 township)
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
ength of stay in Baltimore Days	1 630 N. Delmond Ave.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
Male Wate Parried	3(11)
10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
saves Yarchel	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
18. Fany and IFFY CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSE! AND DEATH
(This does not mean the mode of dying, e.g.,	ron: c glomerular nephritis
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	1
ANTECEDENT CAUSES	
O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON-	Pliver é metastass?
TO THE DISEASE OR CONDITION CAUSING IT. CONTROL 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	
	YES NO
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., c	in or 21c. WHERE DID (If in Baltimore City, give exact location)
2 ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F, HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from	14/52 , 19 , to 324/52 , 19 , that I last saw the
	rred at SSAm., from the causes and on the date stated above.
11	238. ADDRESS 23C. DATE SIGNED
24A. BURIAL. CREMA-124B. DATE, 124C. NAME OF CEMETE	
TION, REMOVAL (Specify) 3/28/52 Holes Re	Loamen Ballo
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
MAR 25 1952 Hantington Williams At 3	Ulla Stind Home 2004 Oilen
VS 150	



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 2918

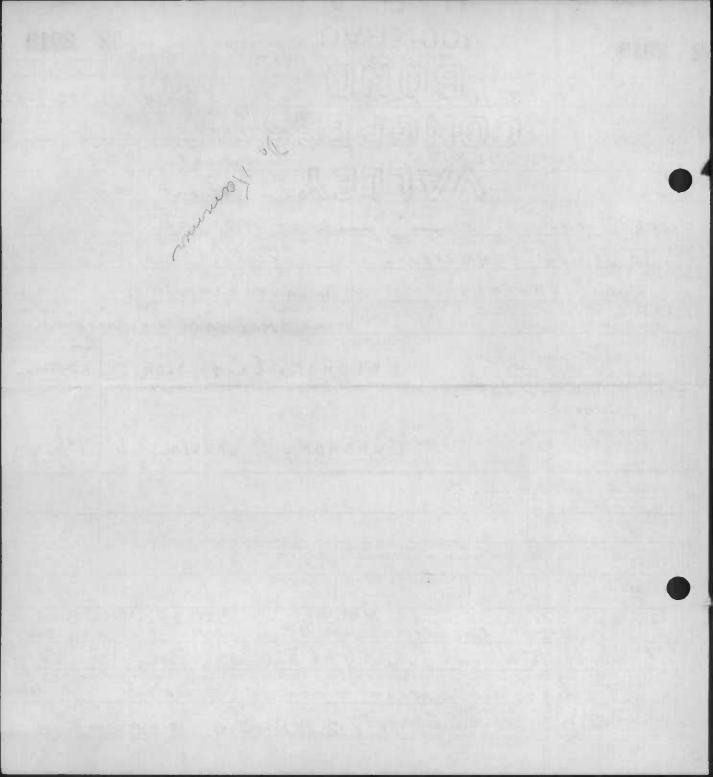
2	BTH 2918	5		CERTIFICA	TE OF DEATH	Kegiste	Pred No.
	NAME OF D	ECEASED				2. DATE	
(T	ype or Print)	ח	Tohn	R. Byrnes		OF DEATH	Mar. 23, 1952
3.	PLACE OF D				4. USUAL RESIDEN		ved. If institution; residence TY hefore admission)
	FULL NAME			on, give street address			
H	OSPITAL OR			locatio			e limits, write RURAL and give
111	ISTITUTION					Baltimore	thwnship)
7				Yrs	D. STREET ADDRESS	(If rural, give locati	ion
C.	Length of s	tay in Baltimore		Mos Day		eenmount Ave	
	SEX	6. COLOR OR RACE		, MARRIED.	8. DATE OF BIRTH	9. AGE (In ye	ars II Under 1 Year If Under 24 Hours
	Male	White	WIDOW	ED, DIVORCED (Speci	Feb 6, 1869	last hirthda	y) Months: Days Hours: Min.
1C	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (Sta	te or foreign country)	12. CITIZEN OF
WOII			III and	INDUST	Baltimo	mp	WHAT COUNTRY?
13	Veterir B. FATHER'S	NAME			14. MOTHER'S MAID		1 0.0.
	Doo	nord Demo			Marga		
15		ed EVER IN U. S. ARME		16. SOCIAL		0 10	
(Ye	s, no or unknowo)	(If yes, give war or date	s of service)	SECURITY NO	17. INFORMANT	3 3000 0-	ADDRESS
-					Mrs. Chris	Hoeri 1029 Gi	reenmount Ave
CERTIFICATION	(This doen heart failt in jury or DISEASE RISE TO UNDERL.	SE OR CONDITION LEADING TO DEA' not mean the mode of the complication which complication will be complicated by the complication of the complication which is the complication of the complication which is the complication of the complication which is the complication of the complicati	TH of dying, e. g ins the disease caused death. SES F ANY, GIVIN STATING TH AST. ITIONS CON NOT RELATE	G (B)GE DUE TO	. 1 1.	c Cardio	-local-
4	19A. DATE	OF OPERATION 1	198, MAJOR	FINDINGS OF OP	ERATION		20. AUTOPST?
O	21: 1001	CALL WAS LINES	l ota Di A	CE OF INJURY (e. g	., in or 21c. WHERE DID	(If in Boltimano	City, give exact location)
EDICAL	LYING O	DENT WAS UNDER R CONTRIBUTING DEATH	about home, f	arm, factory, street, office bld	g.,etc.) INJURY OCCUR?		City, give exact ideation)
Σ		(Month) (Day) (Year	(Hour)	21E. INJURY OCCUP	RED 21F. HOW DID II	NJURY OCCUR?	
h	INJURY		m.	WORK NOT WHI			
	22. I herel deccased a 234. SIGNA	y certify that I at live on Mar- 22	tended the	and that death occ	1 ay , 1940, urred at 2:30 H.m., f		, 19 2, that I last saw the d on the date stated above. 23c. DATE SIGNED
2. TI	4A. BURIAL.	CREMA- 248. DATE	2	M. D.	TERY OR CREMATORY 2	24D. LOCATION (City	, town, or county) (State)
	Burial	3-26-5	2	Cathedral		Baltimore	e
D	ATE RECEIVE	RAR 1952 Tunt	SSIGNATU	Williams, M	25. FUNERAL DIREC	defeld, 900	ADDRESS
=			0		4	0020201 000	The state of the s



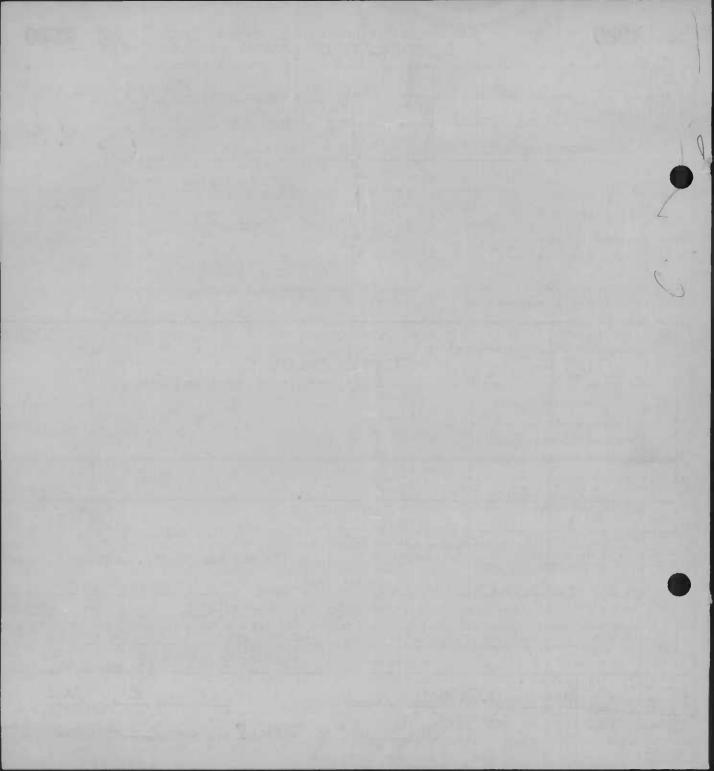
BALTIMORE CITY HEALTH DEPARTMENT

52 2919

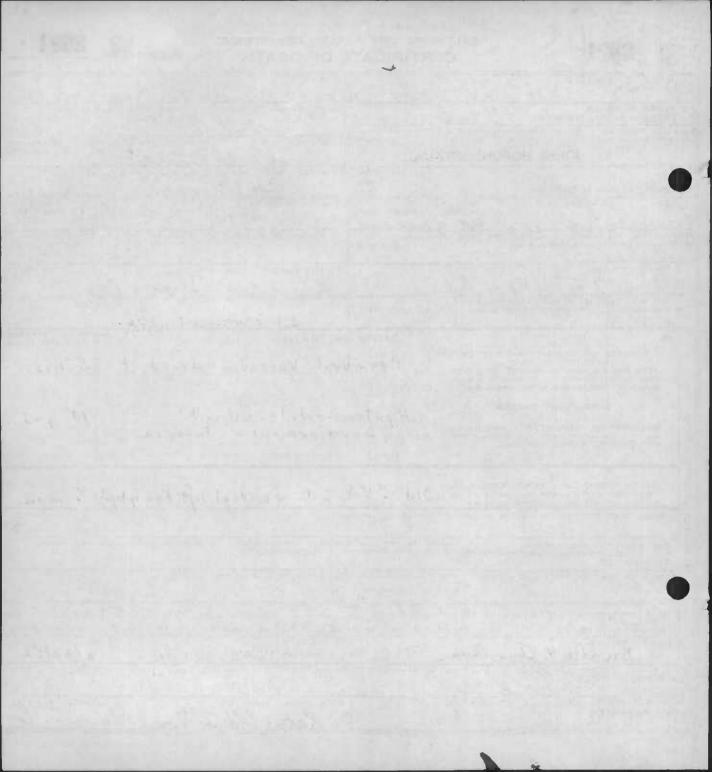
2	2919			EDTIE	CATI	E OF DEATH	Registere		2020
B	IRTH NO.			THE I	CAII	L OF DEATH			
	. NAME OF D Type or Print)		TOHN	PSK	(i'N	AR	2. DATE OF DEATH MA	ACIA S	22 1952
	. PLACE OF D . Baltimore (70 11 11	, 071.		4. USUAL RESIDENCE (W	here deceased lived B. COUNTY	. If mstitution	
B	FULL NAME	OF (If not in hospit	al or institution			MARYLA			
	NSTITUTION	MERCY	HOSPI		ocation)	C. CITY OR TOWN (If	outside corporate li	mits, wright	township)
7				1	Yrs.	D. STREET ADDRESS (If r	ural, give location		
		tay in Baltimore		10 YRS.	Mos. Days	1702 N CAL		57.	
	MALE	6. COLOR OR RACE	1	MARRIED, D. DIVORCED NCLE	(Specify)	8. DATE OF BIRTH DEC 28 1912	9. AGE (In years last birthday)	Months Day	Hours: Min.
1	OA. USUAL OC	CUPATION (Givekind of	10B. KIND	OF BUSINESS		11. BIRTHPLACE (State or for	reign country)	12. CITI	ZEN OF
	TAXIE	Of working life, even if retired)		CFEUR.	USTRY	PENNA.		1	. S.A.
1	3. FATHER'S					14. MOTHER'S MAIDEN NA			
		HAI SKL				ANNA . YANK	ANICH.		
1 (Y	5. WAS DECEASE	D EVER IN U. S. ARME! (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY	Y NO.	17. INFORMANT		ADDRESS	PENNA.
`	NO	_		0200		ANNA SKLINI	A.P. CAIRN	BROOK	13.D ,
	18. 47) .]		CA	USE	OF DEATH	T. S. C.	INTER	RVAL BETWEEN
		E OR CONDITION	DIRECTLY			^	1		T AND DEATH
		LEADING TO DEA	TH		OF	onary Occi	4518h	6	415.
	heart failu	re, asthenia, etc. It mes	ns the disease,	(A)					***************************************
	injury or	complication which	caused death.)	DUE TO		/			
		ANTECEDENT CAUS	SES						
Z				(B)					
0	RISE TO T	OR CONDITIONS, 1 HE ABOVE CAUSE (A)	STATING THE	DUE TO	~ 1			111	11
CATION	UNDERLY	ING CONDITION LA	ST.	(6)	0 1	onary Occl	451m, 0	19 1	12415
FIC				(0)		/			
100	071150								
ERT	TRIBUTING	IGNIFICANT CONDI	NOT RELATED						
Ü	TO THE D	SEASE OR CONDITION	CAUSING IT.						
_		F OPERATION 1	9B. MAJOR F	INDINGS OF	OPER	PATION			AUTOPSYT
CA	Oli ACCID	ENIE MAG LANDO	L 245 BLAC	E OF INTURY		al ato where his (I	6 in Dultimone Cit	YES	
1EDICAL	LYING OF	ENT WAS UNDER. R CONTRIBUTING DEATH	about home, far	E OF INJURY m, factory, street, of	fice bldg.,		f in Baltimore Cit	y, give exact	rocation)
2		Month) (Day) (Year)	(Hour) 21	E. INJURY O	CCURR	ED 21F. HOW DID INJURY	OCCUR?		
ľ	INJURY		m. v	ORK A	T WHILE				
	22. I hereb	u eertifu that I at	tended the d	eeeased from	MO	11. 22 1952 to M	dr. 22 19	N2-that I	last saw the
	deceased at	ive on MYF. 2:	1952 0	ed that deat	h occur	red at 11 P. m., from th	ie eauses and or	n the date s	stated above.
	23A. PIGNA	TURE / /	, 20			3B. ADDRESS.			ATE SIGNED
	1 1000	u. H. /	3mm	en, Jus	I. D.	rol sherida	n GW.	14 8	1.24,191
	14A. BURIAL. (S						OCATION (City, to		
_	BURIA				ND.		TAYLOR AL		70-
L	MAR 25		Top The	Leaver, 1	80	25. FUNERAL DIRECTOR	1800 E	LOM A	RARD ST
=	VS 150								
	V3 150				60	82-54			
						-			



BIRTH NO.	TE OF DEATH Registered No.
1. NAME OF DECEASED	I 2. DATE
(Type or Print) GEORGE JENK	INS OF DEATH March 22, 1952
3. PLACE OF DEATH: A Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. STATE B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address of	Maryland / / /
HOSPITAL OR location	C. Cili Oli 10414 (II outside corporate in italiani si
Mercy Hospital	Baltimore
Length of stay in Baltimore Yrs. Mos. Days	3054 Ascension Avenue
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify Market Market)	Septilo 1899 9. AGE (in years of Under I Year Ist Under I Year Ist birthday) Months: Days Hours Mir
10A. USUAL OCCUPATION (Give kind of tops. KIND OF BUSINESS OR INDUSTR' CON CONTROL OF CO	
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
Large H Senkins	Tancy ?
15. WAS DECEASED EVER IN M. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, five war or dutes of service) SECURITY NO.	17/INFORMANT ADDRESS 9064
110	Varence termine ascensing of
18. F 451/X CAUSE	OF DEATH INTERVAL BETWEE
ANTECEDENT CAUSES Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	ERATION 20. AUTOPSY?
21a. EXTERNAL CAUSE WAS 21a. PLACE OF INJURY (e.g., underlying A or CONTRIB. about home, farm, factory, street, office bidg	, in or 21C. WHERE DID (If in Baltimore City, give exact location)
UNDERLYING OR CONTRIB. about home, farm, factory, street, office bldg	Hetes Majori Occor
UTING CAUSE OF DEATH.	Favette and Freter Sta -northwest corne
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR!	Fayette and Exeter Stsnorthwest corner 21F. HOW DID INJURY OCCUR?
21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCUR!	RED 21F, HOW DID INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR! March 22, 1952 12:55 A. m. WHILE AT WORK 22. I eertify that I took eharge of the remains described	Firearms above, held an autopsy Autopsy, Inspection or Inquiry Autopsy, Inspection or Inquiry
21D. TIME (Month) (Day) (Year) (Hour) PF INJURY March 22, 1952 12:55 A. m. WHILE AT WORK 22. I certify that I took charge of the remains described the evidence obtained by said Autopsy, Inspection or and death in my opinion resulted from: natural cause	Firexrms above, held an autopsy thereon and from Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the day stated aboves \(\sigma\), accident \(\sigma\). Suicide \(\sigma\), homicide \(\sigma\) undetermined \(\sigma\).
21D. TIME (Month) (Day) (Year) (Hour) PF INJURY March 22, 1952 12:55 A. m. WHILE AT WORK 22. I certify that I took charge of the remains described the evidence obtained by said Autopsy, Inspection or and death in my opinion resulted from: natural cause 23. SIGNATURE	Firearms above, held an autopsy thereon and from Inquiry, find that said deceased died on the day stated above accident suicide homicide undetermined satisfaction of said accident suicide homicide undetermined satisfaction accident suicide said accident suicide said accident suicide accident suicide said accident
22. I eertify that I took eharge of the remains described the evidence obtained by said Autopsy, Inspection or and death in my opinion resulted from: natural cause 23. SIGNATURE	Firearms above, held an autopsy thereon and from Autopsy, Inspection or Inquiry. Inquiry, find that said deceased died on the day stated above accident suicide homicide undetermined seems. 23B. CHIEF MEDICAL EXAMINER 23C. DATE SIGNED ASSISTANT MEDICAL EXAMINER 23C. DATE SIGNED
21D. TIME (Month) (Day) (Year) (Hour) PF INJURY OCCURING MArch 22, 1952 12:55 A. m. WHILE AT WORK 22. I certify that I took charge of the remains described the evidence obtained by said Autopsy, Inspection or and death in my opinion resulted from: natural cause 23A. SIGNATURE 24A: BURIAL. CREMA- 24B. DATE 124C. NAME OF CEMET TION, REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE	Firearms above, held an autopsy thereon and from Inquiry, find that said deceased died on the day stated above accident suicide homicide undetermined satisfaction of said accident suicide homicide undetermined satisfaction accident suicide said accident suicide said accident suicide accident suicide said accident
21D. TIME (Month) (Day) (Year) (Hour) PF INJURY March 22, 1952 12:55 A. m. WHILE AT WORK 22. I certify that I took charge of the remains described the evidence obtained by said Autopsy, Inspection or and death in my opinion resulted from: natural cause 23A. SIGNATURE 24A: BURIAL. CREMA- 245. DATE 110N, REMOVAL (Specify) May 26/952 Tht. August 240. NAME of CEMET	Tirearms above, held an autopsy thereon and from the long stated above, held an autopsy thereon and from the long stated above the



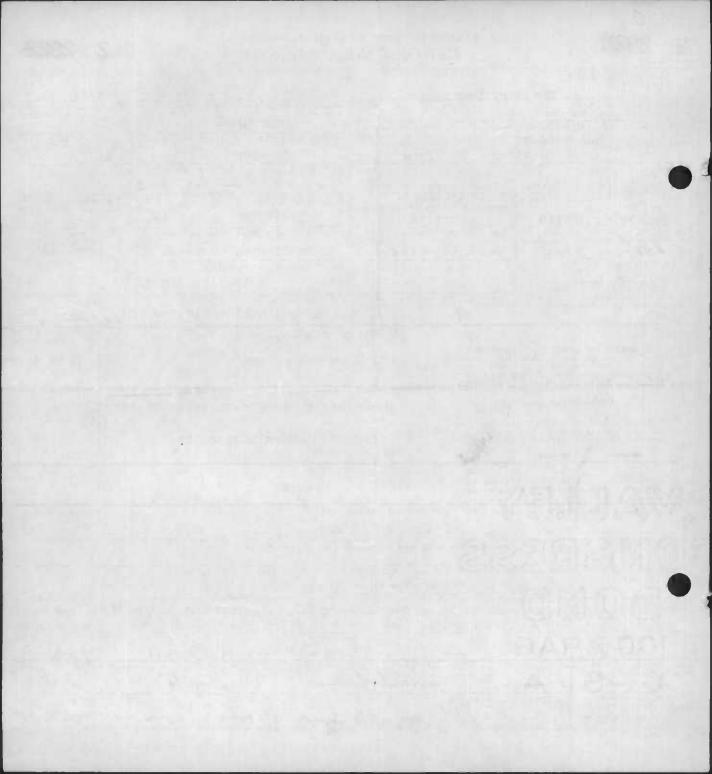
CATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate lights, write RURAL and give C. CITY OR TOW INSTITUTION JOHNS HOPKINS HOSPITAL D. STREET ADDRESS (If rural, give location) Yrs. Mos. Length of stay in Baltimore Days SEX 6. COLOR OR RACE SINGLE, MARRIED If Under I Year H Under 24 Hours WIDOWED, DIVORCED (Specify last birthday) Months: Days Hours: Min. OA. USUAL OCCUPATION (Give kind of 10B. KIND CF BUSINESS OR 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? TOWN MI 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. JOHNS HOPKINS INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Vascular Accident (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) Hypertensive Arterioscheroi DISEASES OR CONDITIONS, IF ANY, GIVING Cardiovascula RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CA II. H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION CA 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER a about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY 3-22- 1952to 3 - 22 - , 19 5, That I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on 3 - 22 - 1952 and that death occurred at m. from the causes and on the date stated above, 23A. SIGNATURE 23c. DATE SIGNED JOHNS HOPKINS HOSPITAL 24A. BURIAL, CREMA TION, REMOVAL (Specify 24G, NAME OF Suria DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR



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55	2922
DIETU.	NO

BALTIMORE CITY HEALTH DEPARTMENT Registered 52 2922

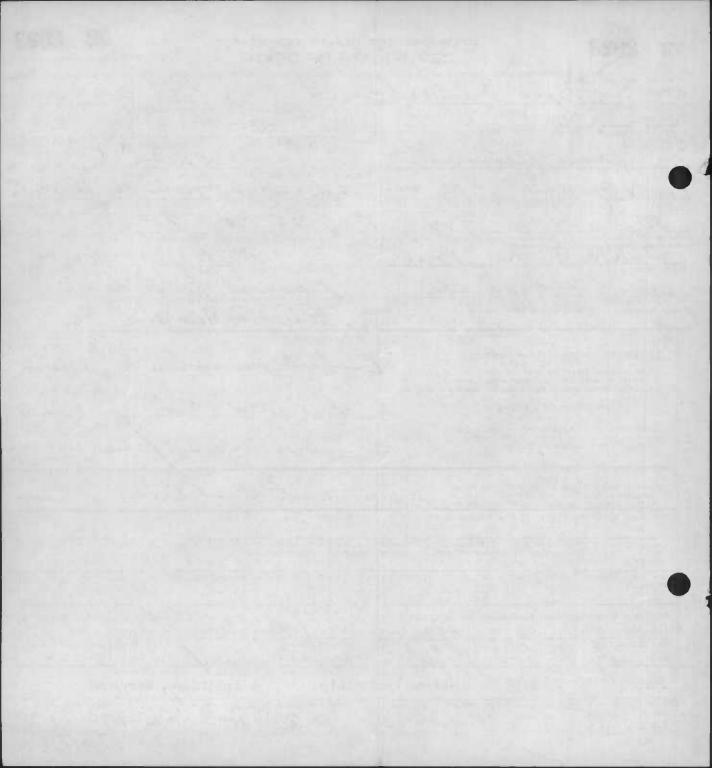
	RTH NO.		LERIFICATI	E OF DEATH	Registered	II WAY
	NAME OF DECEASED 'ype or Print)				2. DATE	
	Mrs M	ary Lewi	in		OF DEATH	3/23/52
A.	PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESIDENCE (V A. STATE Maryland	B. COUNTY	If institution: residence before admission)
H	FULL NAME OF (If not in hospit OSPITAL OR ISTITUTION BON Secours		- Innation)		- 6-6	mits, write RURAL and give
111		more, Ma		Baltimore	A A	township)
	Barui	more, we	Yrs.	D. STREET ADDRESS (If	rural, give location)	
	ength of stay in Baltimore	49 ye	Mos.	110 S. Cherr		5300
5.	SEX 6. COLOR OR RACE	7. SINGLE,	MARRIED. D, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min.
	Female White	Ma	arried	11/18/03	49	
1C worl	A. USUAL OCCUPATION (Give kind of a dooe during most of worklog life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF
	TELEPHONE OPER	DEPT	. STORE	Baltimore, M	aryland	American
13	FATHER'S NAME			14. MOTHER'S MAIDEN N.	AME	
	Charles Moran			Cather	ine Rigney	
15 (Ye	. WAS DECEASED EVER IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	72 - 44 (7	ADDRESS
	NU			Catherine Eliz	Blattau (L	4x 4 Malfred L.
	18. 592X		CAUSE	OF DEATH		ONSET AND DEATH
	DISEASE OR CONDITION LEADING TO DEAT	DIRECTLY		D.)		
	(This does not mean the mode o	f dying, e.g.,	(A) =	Pulmonary Edoma		3 to 4 yrs
	heart failure, asthenia, etc. It mea- injury or complication which c					
	ANTECEDENT CAUS	ES	**			
Z	DISELECT OR CONSTRUCTION		(B)	tensive Cardio-Va	scular Dise	ase
5	DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A)	STATING THE	DUE TO			
Y	UNDERLYING CONDITION LA	ST.	(c) Unro	nic Glomeruloneph	ritis	
FIC						
ERTIFICATION	OTHER SIGNIFICANT CONDI	TIONS CON-				
	TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED		Uremia		
U.			FINDINGS OF OPER	ATION		20. AUTOPSY?
SAL	9					YES NO
1EDICAL	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH		CE OF INJURY (e. g., ic m, factory, street, office bldg., e		f in Baltimore City	, give exact location)
Σ	2 ID. TIME (Month) (Day) (Year)	(Hour) 2	IE. INJURY OCCURRE	ED 21F. HOW DID INJURY	OCCUR?	
K	INJURY		HILE AT NOT WHILE			
	22. I hereby certify that I att		- 4	11 10 CZ 1. N	1010 L 23 10	C-2 11 11
	deceased alive on March 23	enaea the a	eceasea from 1300	mad ut 4.25 km from t	hannes and an	a s, that I last saw the
	23A. SIGNATURE	, 15 <u>-</u> , a		3B. ADDRESS	ne causes ana on	23c. DATE SIGNED
	Davio Ugai	te		3 on Secours H	ospital	3/23/52
	A. BURIAL, CREMA- 24B. DATE	2.	Cathelal	RY OR CREMATORY 24D. L	OCATION (City, tov	
D/	ATE RECEIVED BY REGISTRAR			25. FUNERAL DIRECTOR	iavs.	ADDRESS
	CAL REGISTRAR	-f- IA	11:	D-7-16	7.11	co-Tanta or
_	MAR 2 5 1952 Thurthey	The state of	Myaller, Miles	edente a dia	June	me yelle or
	VS 150		40			
H			3	70 60		



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 2923 Registered No.

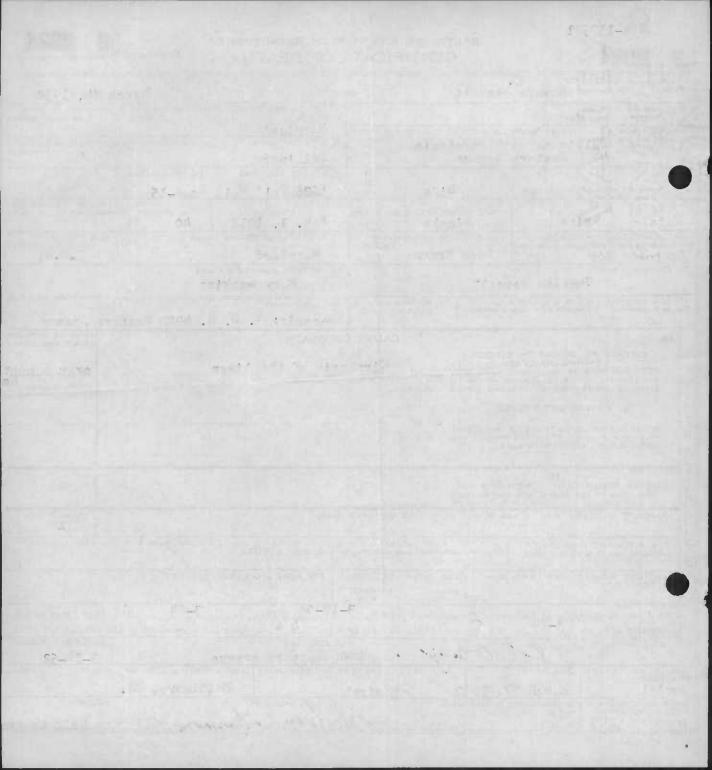
1	JIRTH NO.				
	NAME OF DECEASED Type or Print) Moses Otte	nheim	en	2. DATE OF DEATH	3-24-5-2
	. PLACE OF DEATH: Baltimore City, Maryland				ved. If institution: residence TY before ulmissio ()
HH	FULL NAME OF (If not in hospital or institution, give s	1 1 1 -	c. CITY OR TOWN	(If outside orporat	e limits, write RURAL and give
	NSTITUTION Union Memorial		(/	Saltinia	township
	l anoth of star in Politica 7.5	Mos.	D. STREET ADDRE		Pl. + Brook Co
-	Length of stay in Baltimore SEX 6.COLOR OR RACE 7. SINGLE, MARR		8. DATE OF BIRTH	9. AGE (In yes	mer: H Under I Year It Under 24 Hours
-	m widowed, dive	0	anif 24/1	76 15	y) Months Days Hours Min.
W0	OA. USUAL OCCUPATION (Give kind of the first	SINESS OR INDUSTRY	1. BIRTHPLÄCE (S	tate or foreign country)	12. CITIZEN OF WHAT COUNTRY
ī	SFATHER'S NAME		14. MOTHER'S MA	DEN NAME	1
-	Janis Ollenheimer		Racha	el Felde	heimen
(Y	5. WAS DECEASED EVER IN U.S. ARMED FORCES? ea, no or unknown) (If yes, give war or dates of service) SE	CURITY NO.	17. INFORMANT	en Otterhen	ADDRESS
	18. 22/1	CAUSE O	F DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,	A) Cere	bul H	ensuhan	1 Hour
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	Е ТО	4	,	
_	ANTECEDENT CAUSES	Carol	nol and	winder	is ?years
5	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE	Е ТО	0. 1	7 + /	1
ICA	UNDERLYING CONDITION LAST.	c) Sen	whyst A	Mensel	mi (years
NT.	OTHER SIGNIFICANT CONDITIONS CON-	1-	11	// 0 -	
CEI	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Mervic	leuli' 1	fear Ruis	a ? year
CAL	19a. DATE OF OPERATION 19B. MAJOR FINDIN	NGS OF OPERA	TION	70	20. AUTOPSY7
EDIC	21A. ACCIDENT WAS UNDER. LYING☐ OR CONTRIBUTING☐ about home, farm, factory CAUSE OF DEATH				City, give exact location)
Σ	Pip. Time (Month) (Day) (Year) (Hour) 21E. INJ	URY OCCURRED	21F. HOW DID	INJURY OCCUR?	
	nı. WHILE AT WORK	NOT WHILE			
	22. I hereby certify that I attended the decease		20-52,19	, to 2-24-52,	19, that I last saw the
	deceased alive on 3-24-52 19 , and tha		ed at / a m.,	from the causes and	on the date stated above.
-	Havery D. Freen, Ja	M. D. 2	win her	wind Her	1 3-24-52
TI	ION -REMOVAL- (Shippiful - /	w Friendsh	nip	Baltimore, Ma	
L	OCAL RECISTRARY Turlington William	IS. ASP	of all DIRE	CHOR & Brown	-1/24 -26 W.
	VS 150	10			North and



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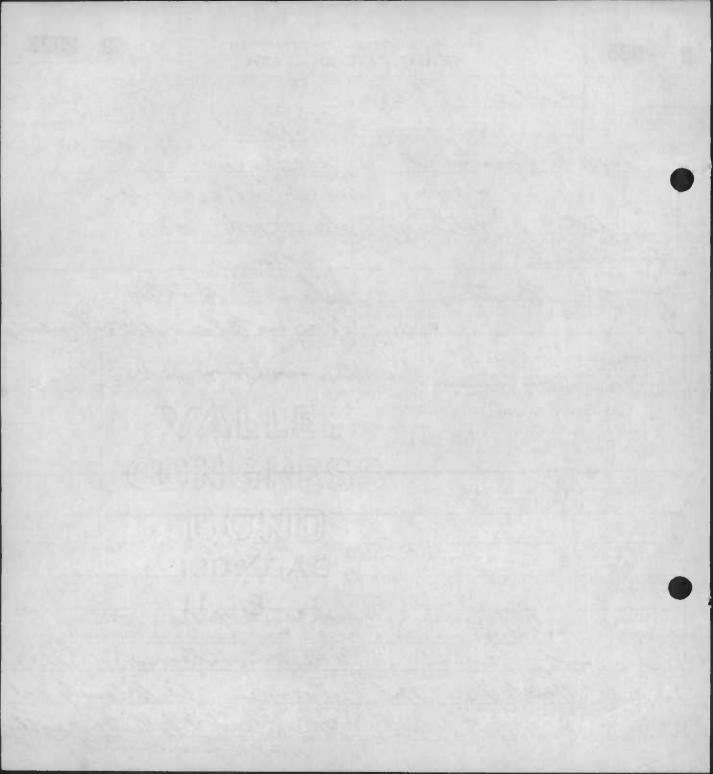
占	PRTH NO.	/T.X		CLIVIII ICATI	L OI DEATH		CONTRACTOR
1.	NAME OF D		8		THE RESIDENCE OF	2. DATE OF N	
<u> </u>			Dennet	<u> </u>		DEATH - 2TCD	
	Baltimore (City, Maryland			A. STATE	E (Where deceased lived, If in B. COUNTY	nstitution : residence before admission)
	FULL NAME	OF (If not in hospit	al or institut	ion, give street address or			1/
	OSPITAL OR	Baltimore Ci 4940 Eastern	ty Moss	itals location)	c. CITY OR TOWN	(If outside corporate limits,	write CUICAL and give township)
		4940 Eastern	YASHRE		Paltimore	61	
				Yrs. Mos.	D. STREET ADDRESS	(If rural, give location)	
		tay in Baltimore		Days Days	4626 Pall M		
	SEX	6. COLOR OR RACE		E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	last birthday) Mon	Under I Year II Under 24 Hours ths: Days Hours: Min.
-	Male	White	8	ingle	Feb. 1, 191		
1C	NA. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KINE	OF BUSINESS OR	11. BIRTHPLACE (State	e or foreign country)	12. CITIZEN OF WHAT COUNTRY?
E	xercise	Boy,	Race	Track	Maryland		U.S.A.
13	B. FATHER'S				14. MOTHER'S MAIDE	IN NAME	THE PROPERTY.
		Charles Bo	anett		Mary La	rkins	
15	. WAS DECEAS	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT	AD	DRESS
(Xe	no or unknown)	(If yes, give war or date	s of service)	SECURITY NO.		C. H. 4940 Easte:	
-	18. FOI			CALLCE			INTERVAL BETWEEN
	-51	10 1		CAUSE	OF DEATH		ONSET AND DEATH
		SE OR CONDITION LEADING TO DEA	TH	Citario	onin of the 14		
	(This does	not mean the mode oure, asthenia, etc. It mea	of dying, e. i		iosis of the li	Ver	ever 6 mont
	injury or	complication which	aused death	DUE TO			231
		ANTECEDENT CAUS	ES				
Z				(B)	***************************************	••••••••••••••••••••••••••••••	
16	RISE TO T	S OR CONDITIONS, I	STATING TH				
A	UNDERLY	YING CONDITION LA	ST.	(C)	***************************************	***************************************	
ERTIFICATION	-						
E	OTHER S	II SIGNIFICANT CONDI	TIONS CO	st _			
П	TRIBUTING	TO THE DEATH, BUT	NOT RELATI	D			
O		OF OPERATION 1		FINDINGS OF OPER	PATION		20. AUTOPSY?
A L	IOA. DAIL C	or ERATION .	55. MASON	THADINGS OF OFER	ATTON		YES NO
EDICAL	21A ACCIE	ENT WAS UNDER	21B. PL/	ACE OF INJURY (e.g., i	n or 21c. WHERE DID	(If in Baltimore City, gi	
D	LYING O	R CONTRIBUTING	about home,	farm, factory, street, office bldg.,	tc.) INJURY OCCUR?		
Σ	CAUSE OF	(Month) (Day) (Year)	(Horra)	21E. INJURY OCCURR	ED 21F, HOW DID IN	ILIPA OCCUPS	
	F INJURY	(Month) (Day) (Tear)		WHILE AT NOT WHILE	ED ZIF, HOW DID IN	JURY OCCURY	
h			m.	WORK AT WORK			
	22. I hereb	y certify that I att	ended the	deceased from	3-19-52 , 19 , to	o 3-2.4 1952	, that I last saw the
	deceased a	live on 3-24	19 52	and that death occur	rred at 4 m., fr	om the eauses and on the	e date stated above.
	23A. SIGNA	TURE	/ V.	2	3B. ADDRESS		23c. DATE SIGNED
		(1)8.	10%	M. D. 49	40 Eastern Ave	nue	3-24-52
2.	4A. BURIAL.	CREMA- 24B. DATE	1	24c. NAME OF CEMETE	RY OR CREMATORY 2	4D. LOCATION (City, town, o	or county) (State)
	urial	March 2	7. 195	2 Cathedra	1	Baltimore, Md.	
	ATE RECEIVE	D BY REGISTRAR	SSIGNATU		25 FUNERAL DIRECT		ADDRESS
	MAR 2 51	959 Hurtin	2500 V	Misua his	lasterma 2 - 90	mmon. 4611 Pa	rk Heighte Am
1	VS 150	JJE 1 . Janestin		The state of the s	The Jacks XX	TOTT ES	THE TRULE AV
	VO IOU	L					



BALTIMORE CITY HEALTH DEPARTMENT

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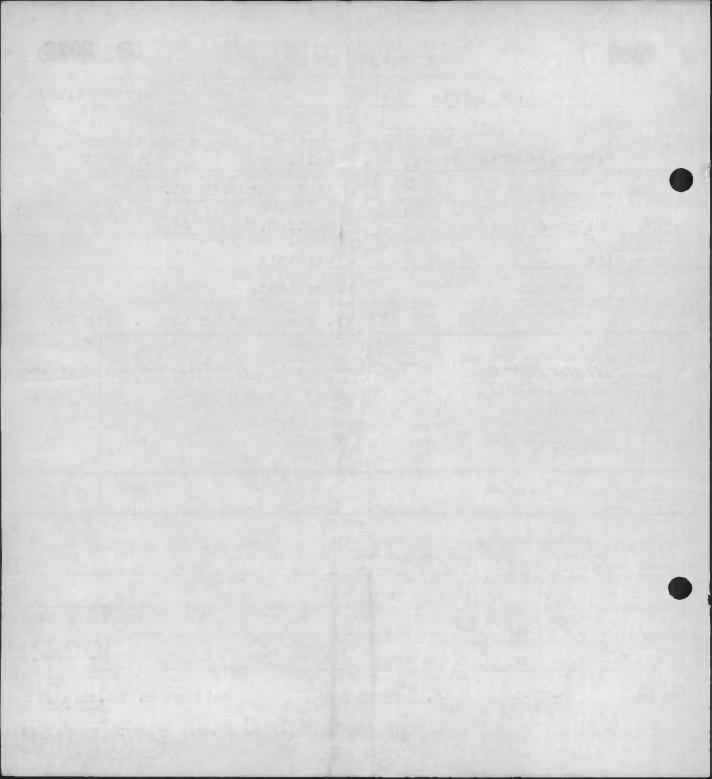
	CERTIFICATE	E OF DEATH	Registered f	10
1. NAME OF DECEASED	01.	,	LO DATE	
(Type or Print)	(41.11.		2. DATE	and a la
· Cyprice	unung	e'	DEATH //	with 1/5 2
A. Baltimore City, Maryland		4. USUAL RESIDENCE A. STATE_	(Where deceased lived, If B. COUNTY	institution: residence before admission)
	ution, give street address or	ma	,	perore admiration)
HOSPITAL OR	Iocation)	C. CITY OR TOWN	(If outside comprate limit	S write MIDAL and sive
INSTITUTION / C	+ C+	Beach		township
16/20 1/2004	-19 ()	Vallens	ul)	
	Yrs.	D. STREET ADDRESS	If rural, give location)	0.
c. Length of stay in Baltimore	Mos. Days	16/2/2/	restow	St
	LE. MARRIED.	8. DATE OF BIRTH	9. AGE (in years)	f Under 1 Year If Under 24 Hours
To P.O WIDO	WED, DIVORCED (Specify)	16. 0- 00	last birthday) Mo	onths Days Hours Min.
7' 06 4	Villan	1416, 25,188	5 56	
10A. USUAL OCCUPATION (Give kind of work done dowing most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF
Arusewile	· INDOSTR	Ma.		WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
11. 0 -	-0	14. MOTHER'S MAIDEN	NAME	
George Buch	er	Socale	Duller	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?		17. INFORMANT		DDRESS -
(Yes, no or unknown) (If yes, give war or dates of service)	SECURITY NO.	11.		67. 1
		18 mus 10	Law 16/2	C/Reday S
18.443 ×	CAUSE	OF DEATH		INTERVAL BETWEEN
. DISEASE OR CONDITION DIRECTL	Y 0			ONSET AND DEATH
LEADING TO DEATH		les-Varcula	that Tour	,
(This does not mean the mode of dying, e heart failure, asthenia, etc. It means the dise	ase.	20 - 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	with fundamental	Le.
injury or complication which caused dea			//	
ANTECEDENT CAUSES			DALISH SANCELLE	
O DISEASES OR CONDITIONS, IF ANY, GIV	(B)			
() DISEASES ON CONDITIONS, IF ANY, GIV	ING		1400 00******** ** ** * 0000000000000000	*******
RISE TO THE ABOVE CAUSE (A) STATING	ING			
RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	ING			
RISE TO THE ABOVE CAUSE (A) STATING	THE DUE TO			
RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	THE DUE TO			
RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	ING THE DUE TO (C)			
RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST. L OTHER SIGNIFICANT CONDITIONS CONTROL OF THE DEATH, BUT NOT RELA	THE DUE TO (C)			
RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING	THE DUE TO (G)			L20 ALTIOPSV2
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Register 2020 2926

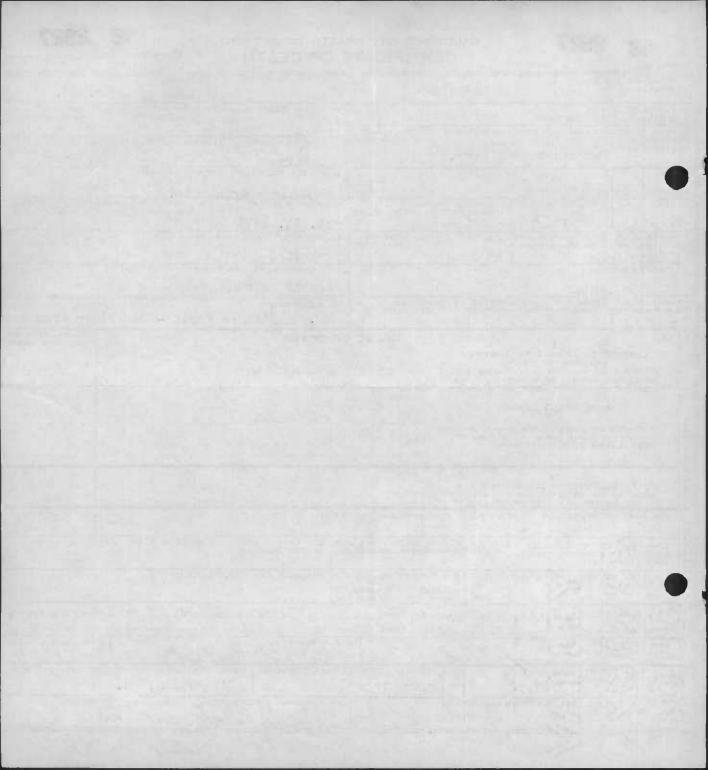
DIETH NO	CERTIFICAT	E OF DEATH							
BIRTH NO.									
1. NAME OF DECEASED (Type or Print)	nah Ruffin	2. DATE OF March 21, 1952							
3. PLACE OF DEATH:		4. USUAL RESIDENCE (Where deceased lived. If institution: residence							
B. FULL NAME OF (If not in ho	spital or institution, give street address or	A. STATE B. COUNTY hefore admission)							
HOSPITAL OR	location)								
INSTITUTION	20th Street	Baltimore township							
	Yrs.	D. STREET ADDRESS (If rural, give location)							
c. Length of stay in Baltimore		107 West 20th St.							
5. SEX 6. COLOR OR RA	CE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under I feet If Under 24 Hours last birthday) Months Days Hours Min.							
Female Colored	Widow	Sept. 2,1885 66							
10A. USUAL OCCUPATION (Give kin work done during most of working life, even if reti	dof 108, KIND OF BUSINESS OR (NDUSTRY	11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?							
Housewife	INDUSTRI	Virginia							
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME							
Unknow	m	Jane Lewis							
15. WAS DECEASED EVER IN U. S. AR	MED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS							
(Yes, no or unknown) (If yes, give war or	dutes of service) SECURITY NO.	Mr. James Ruffin 107 H. 20th St.							
18. 231 X		OF DEATH INTERVAL BETWEEN							
DISEASE OR CONDITION LEADING TO D (This does not mean the moo heart failure, asthenia, etc. It injury or eomplication whice ANTECEDENT CA DISEASES OR CONDITIONS RISE TO THE ABOVE CAUSE UNDERLYING CONDITION UNDERLYING CONDITION TO THE SIGNIFICANT CONTINUE TRIBUTING TO THE DEATH, B TO THE DISEASE OR CONDITION TRIBUTING TO THE DEATH, B TO THE DISEASE OR CONDITION	EATH de of dying, e.g., means the disease, h caused death.) NUSES S. IF ANY, GIVING (A) STATING THE LAST. (C) NUITIONS CON- UT NOT RELATED								
19A. DATE OF OPERATION	198. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?							
21a. ACCIDENT WAS UNDER LYING OR CONTRIBUTING CAUSE OF DEATH	21A. ACCIDENT WAS UNDER: LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e.g., in er blout beme, farm, factory, street, office bldg., etc.) INJURY OCCUR? (If in Baltimore City, give exact location) INJURY OCCUR?								
1D. TIME (Month) (Day) (Ye	ear) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?							
m. WHILE AT NOT WHILE AT WORK									
22. I hereby certificathat I	attended the deceased from M	n. 20, 195/ to Mer 21; 195, that I last saw the							
deceased alive on 2 19 and that death occurred at m., from the causes and on the									
23A. SIGNATURE		23B. ADDRESS 28C. DATE SIGNED							
Jaces (De Joleen 2' M. D.	2329 Just 6 Mar 24-53							
24A. BURIAL, CREMA- TION, REMOVAL (Specify)									
Burial 3-27									
LOCAL PECICTOAD	ar's signature	25. FUNERAL DIRECTOR ADDRESS							
VC IEO									



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

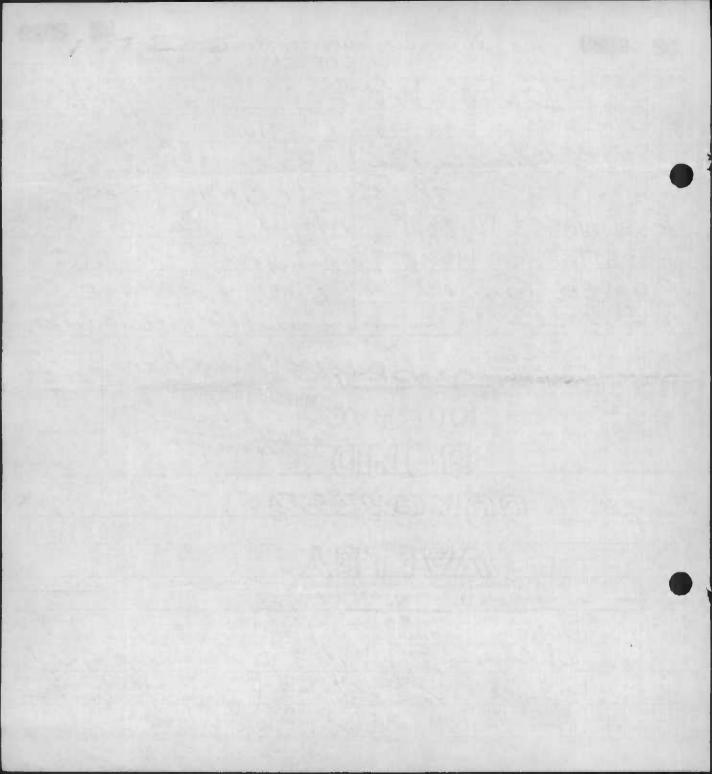
52 2927 Registered No.

1. NAME OF DECEASED (Type or Print) IDA LaPORTE							ATE OF EATH	Mar. 2	3, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland					4. USUAL RESIDENCE (Where deceased lived, If institution; residence a. STATE B. COUNTY before admission)					
	FULL NAME	OF (If not in hospit	al or institut	ion, give street address or location)	Md.					
Cambridge Arms Aprs.					c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore					
Yrs. Mos.					D. STREET ADDRESS (If rural, give location)					
c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED.					8. DATE OF BIRTH	Arms Apt	SE (In years	Il Under 1 Year	s Hours Min.	
Female White Widowed (Specify)			Feb. 24. 18		79	Marie Day				
10	A. USUAL OC	CUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE	State or foreign c	ountry)	12. CITI		
	Housewif	of working life, even if retired)	at hor	INDUSTRY	Maryland WHAT COUNTRY?					
13. FATHER'S NAME					14. MOTHER'S MAIDEN NAME					
William Sauter					Agatha Tschudy					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknowa) (If yes, give war or dates of service) SECURITY NO.				17. INFORMANT ADDRESS						
				Mr. William La Porte - Cambridge Arms						
	18. //-	. 1		CAUSE	OF DEATH				RVAL BETWEEN	
	DISEAS	SE OR CONDITION	DIRECTLY			, .		ONSE	T AND DEATH	
LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Coren any Three houses							,	12	homs	
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO			7				***************************************		
7	ANTECEDENT CAUSES (B) artinosclemis						1.	4 lus		
HOL	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO							6		
AT	UNDERLYING CONDITION LAST.									
0	(C)									
RTIFICA	II .									
ER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED									
U	TO THE DISEASE OR CONDITION CAUSING IT.				PATION			1 20	AUTOPSY?	
AL	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION						YES			
EDICAL	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or Lying Or Contributing about home, farm, factory, atroct, office bldg., etc.) INJURY OCCUR?							y, give exact	location)	
Z	CAUSE OF		(TT)	ALT IN HERV ACCURE	ED 24= UOW DID	N IN IURY OCC	1102			
1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE										
			m.	WORK AT WORK						
	22. I hereby certify that I attended the deceased from , 1940, to March 23, 1952,									
	deceased alive on Much 23, 1952. and that death occurred at 11 P. m., from the causes and on the						n the date s	stated above.		
	23A. SIGNA	TURE	-111	2	3B. ADDRESS	010	1	0/	ATE SIGNED	
	1 200101/2	sames /	Then	M. D.	5406M	24D. LOCATI	ON (City to	-	1/3	
TION REMOVAL (Specify)					AT OR CITEMATORT	Pikesvi			, (2444)	
1	intombmen				25. FUNERAL DIR			/ ADDRES	99	
LOCAL REGISTRATIS SIGNATURE LOCAL REGISTRATIS SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRATIS LOCAL REGI										
=	VS 150	I was lear	1	The state of the s	1	12.	76	7 00	11	
					V	pela	ero 1	1, "10	100	



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B COUNTY before admission) B FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If ourside corporate limits, write RURAL and give INSTITUTION Yrs. D. STREET ADDRÉSS (If paral, give location) Mos. Length of stay in Baltimore Days inclair 5 SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED I II Under 24 Hours B. DATE OF BIRTH 9. AGE (in years) If Under 1 Year WIDOWED, DIVORCED (Specify last birthday) | Months: Days | Hours: Min. to+-30-18-77 10A. USUAL OCCUPATION (Give kind of) City 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired. WHAT COUNTRY? Balto. for aproper termany-Baltimore, 13. PATHER'S NAME 14. MOTHER'S MAIDEN NAME Catherine Gordon 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO 3-20-8239 18 81.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., CIRRHORIS OF KIVER heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES HRONIC ALCOHOLISM CATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) ... ū RTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY CA YES 21B. PLACE OF INJURY (e. g., io or 21C. WHERE DID about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER EDI LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 210. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT NOT WHILE! WORK . 19 52 to . 1952 that I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on 3-/ 1952, and that death occurred at _m., from the causes and on the date stated above. 23A.SIGNATURE 238. ADDRESS 23c. DATE SIGNED Woert. 24A. BURIAL, CREMA-TION (EMOVAL (Specify) 24C. NAME OF CEMETERY OR REMATORY | 24D. LOCATION (City, town, or eounty) 248. DATE DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150

2921 Feducal



BALTIMORE CITY HEALTH DEPARTMENT 2930 Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) SALLY SCOVENS DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or BALTIMORE B. FULL NAME OF HOSPITAL OR (If outside corporate limits, write RURAL and give INSTITUTION U.S. PUBLIC HEALTHSERVICE OWSON Yrs. D. STREET ADDRESS (If rural, give location) Mos. YORK Length of stay in Baltimore Unknown KOAD Davs 6. COLOR OR RACE 5. SEX 7. SINGLE. MARRIED. 9. AGE (In years) If Under 1 Year If Under 24 Hours WIDOWED, DIVORCED (Specify) irthday) | Months: Days | Hours: Min. FEMALE COLDRED MARRIED 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY! work done during most of working life, even if retired) INDUSTRY HOUSEWIFE VIRGINIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME LAST WAKE VARTHA UNKNOWN 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yee, no or unknown) (If yee, give wer or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. HOSPITAL ADMISSION INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH RTERIOLO, SCLEROSIS (This does not mean the mode of dying, e.g., UNKNOW heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO WITH URENIA ANTECEDENT CAUSES HYPERTENSIVE CARDIO-FICATION DISEASES OR CONDITIONS, IF ANY, GIVING VASCULAR DISEASE RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. LAKNOUNA (C) RTII 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? CAL YES A NO 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. ō about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH INJURY OCCUR? Ш 21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR? INJURY NOT WHILE WORK 22. I hereby certify that I attended the deceased from MAR. 21 , 1952 to MAR. 23, 1952 that I last saw the deceased alive on MAR 23 1952 and that death occurred at 1:20 pm from the causes and on the date stated above. 23C. DATE SIGNED 3-23-56 E A SEA HOR CREMATORY 24A. BURIAL, CREMAor county) TION, REMOVAL (Specify) DATE RECEIVED BY REGISTEAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR 0111A-1011 M. Chlington and

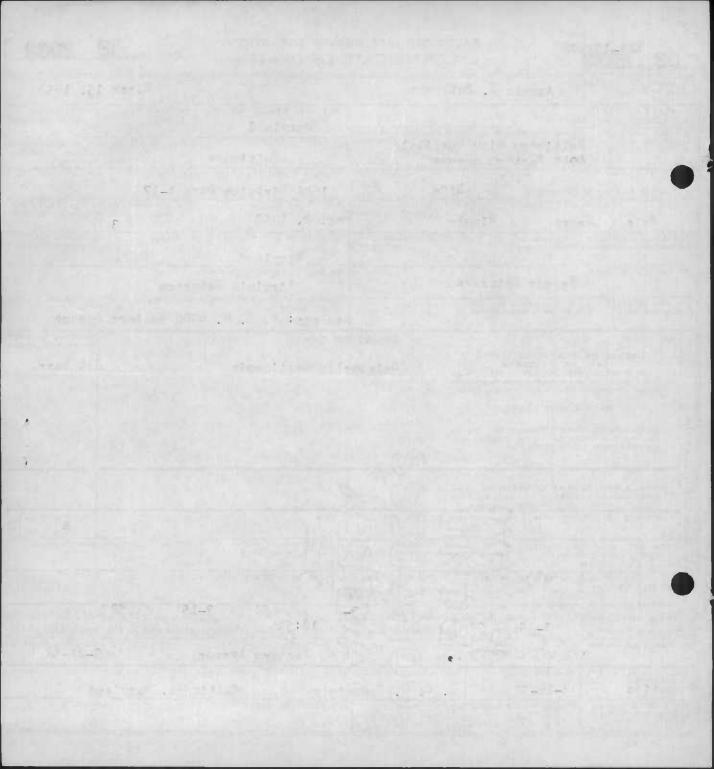
ENERGY STANK VERSON THE PROPERTY OF THE PARTY OF TH The second of the second secon CHARLES STON M. MCCAR SCHOOLS The second secon ABOURDAY OF THE BUSH AND ARREST WESTER PERKET ABBRESHA POTENTIA THE RESERVED AND ADDRESS OF THE PARTY OF THE A REAL PROPERTY. DESCRIPTION OF THE PARTY OF THE HOLDONG CHARLESTON CONTRACTOR THE STREET WAS TOO DO SAND TO S are and other than the best a

BALTIMORE CITY HEALTH DEPARTMENT

Registered No-CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED AGE (1) years | H Under | Year | H Under 24 Hours | Inst birthday) | Months | Days | Hours | Min. WIDOWED, DIVORGED (Specify) Suronced 10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR ACE (State or foreign country) 12 CITIZEN OF work one during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (If yes, give war or dates of service) (Yes, no or onknown) SECURITY NO. INTERVAL RETWEEN CAUSE OF DEATH 18. 20 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Ш OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DIC (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or) 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT WORK 22. I hereby certify that I attended the deceased from -, to_s _. that I last saw the deceased alive on 11:30 7 19 _, and that death occurred at II 12 Oht from the causes and on the date stated above. 23C DATE S GNED 23A. SIGNATURE 23B, ADDRESS 24A. BURIAL, CREMA-ETERY OR CREMATORY TION DEMOVAL (Specify) urial DATE RECEIVED BY ALDRESS LOCAL REGISTRAR ANY BOIJUL

Comment Original property was a property

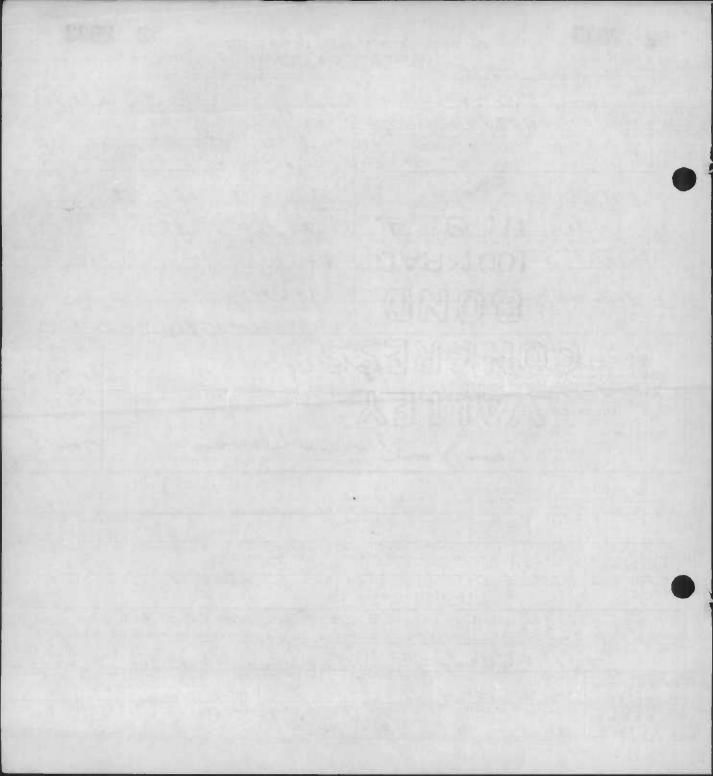
52 REA	157278				m	2 2932
	FCFACED	-	terson		2. DATE March	h 15, 1952
Baltimore (FULL NAME IOSPITAL OR	EATH: City, Maryland OF (If not in hospite	al or institut	ion, give street address or	A. STATE aryland	NCE (Where deceased lived, If B. COUNTY	before admission)
	491:0 Fast	ern Ave	Yrs.	D. STREET ADDRES	ss (If rural, give location)	- U 5 township)
Male	6.COLOR OR RACE	VODIV	YED, DIVORCED (Specify)	8. DATE OF BIRTH Dec. 2, 1952	9. AGE (In years last birthday)	Under I Year M Under 24 Hours onths Days Hours Min.
		10B. KINI		1		12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S		eterson	n	14. MOTHER'S MAI	DEN NAME	/
5. WAS DECEAS	ED EVER IN U. S. ARMED (If yes, give war or dates	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT RECORDS: 3.		n Avenue
(This does heart failu injury or	LEADING TO DEAT 3 not mean the mode of inc, asthenia, etc. It mean complication which e ANTECEDENT CAUS S OR CONDITIONS, IF HE ABOVE CAUSE (A)	f dying, e. ns the diseas aused death	(B)		ia .	14 days
19A. DATE C	TO THE DEATH, BUT	NOT RELAT	ED IT	RATION		20. AUTOPSY?
CAUSE OF 21D. TIME DF INJURY 22. I hereb	R CONTRIBUTING (CONTRIBUTING (CONTRIBUTION ((Hour) m.	farm, factory, street, office bldg., 21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK deceased from	ED 21F. HOW DID	injury occur? , to 3-15 , 195	2, that I last saw the
23A. SIGNA	TURE AL 248 DATE	Logi	M. D.	4940 Eastern	Avenue	3-21-52
enation	3-18-52 D BY REGISTRAR	s signati			Baltimore, Mary	land Address
	Type or Print) 3. PLACE OF D. Baltimore (NAME OF DECEASED Type or Print) Angel PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital cospitation of the part	NAME OF DECEASED Type or Print) Place Of DEATH: Baltimore City, Maryland FULL NAME OF OSPITAL OR NSTITUTION Length of stay in Baltimore S. SEX G. COLOR OR RACE Negro OA. USUAL OCCUPATION (Givekindof rk done during most of working life, even if retired) 3. FATHER'S NAME Vernon Peterson (If yos, give war or dates of service) 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the diseas in jury or complication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION LAST. OTHER SIGNIFICANT CONDITION CAUSING 19A. DATE OF OPERATION 19B. MAJOR 19B. MAJ	CERTIFICAT NAME OF DECEASED Type or Print) Angelo N. Peterson PLACE OF DEATH: Baltimore City, Maryland PULL NAME OF CITY Hospitals location NSTITUTION Baltimore City Hospitals location NSTITUTION LENGTH OF Stay in Baltimore Life Days SEX 6.COLOR OR RACE 7. SINGLE. MARRIED. MOB. DAYS ANGELO NEGRO A. USUAL OCCUPATION (Givekindof) (If yes, give war or dates of service) S. FATHER'S NAME Pernon Peterson 5. WAS DECEASED EVER IN U. S. ARMED FORCES? (R. DIVORCED (Specify)) 18. CA 7. O CAUSE DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DISEASE OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE (A) STATING THE CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER 21D. TIME (Month) (Day) (Year) (Hour) DISEASE OR CONDITIONS CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) DISEASE OR CONDITIONS CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE (A) STATING THE WORK AT WORK 22. I hereby certify that I attended the deceased from 23A. SIGNATURE 24A. BURIAL, CREMA. 10A. 24B. DATE 24C. NAME OF CEMETE 10N, REMOVAL (Specify) 3-18-52 B. C. H. Crem OCAL REGISTRAR MAR 2 6 1952 CAUSE DISEASE OR CONDITIONS COUNTRIBUTIONS CAUSE OF DEATH 24A. BURIAL, CREMA. 10A. 24B. DATE 24C. NAME OF CEMETE 3-18-52 CAUSE CAUSE 10B. MAJOR FINDING COUNTRIBUTIONS 10B. MAJOR FINDING CAUSING IT. 24A. BURIAL, CREMA. 10A. 24B. D	CERTIFICATE OF DEATH NAME OF DECEASED Angelo N. Peterson 1. PLACE OF DEATH Baltimore City, Maryland 1. PLACE OF DEATH Baltimore City, Maryland 1. PLACE OF DEATH Baltimore City Hospitals location NSTITUTION 1. Peterson 1. Peterson 1. Peterson 1. Place of Death Baltimore City Hospitals location 1. Polic Fastern Avenue 1. Length of stay in Baltimore 2. Length of stay in Baltimore 2. Length of stay	Andre of Decease Type or Print) Angelo N. Peterson A. Same of Decease of Death



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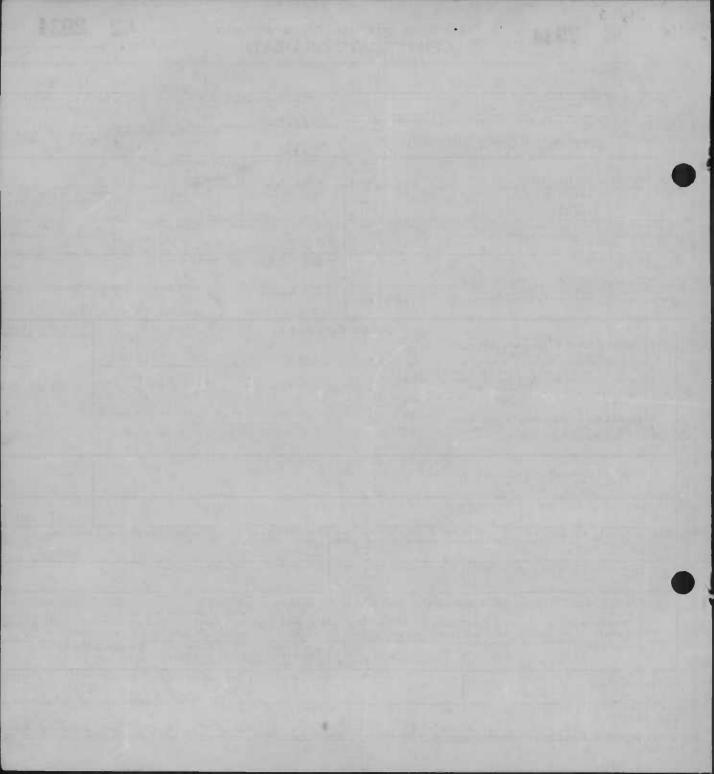
CERTIFICATE OF DEATH

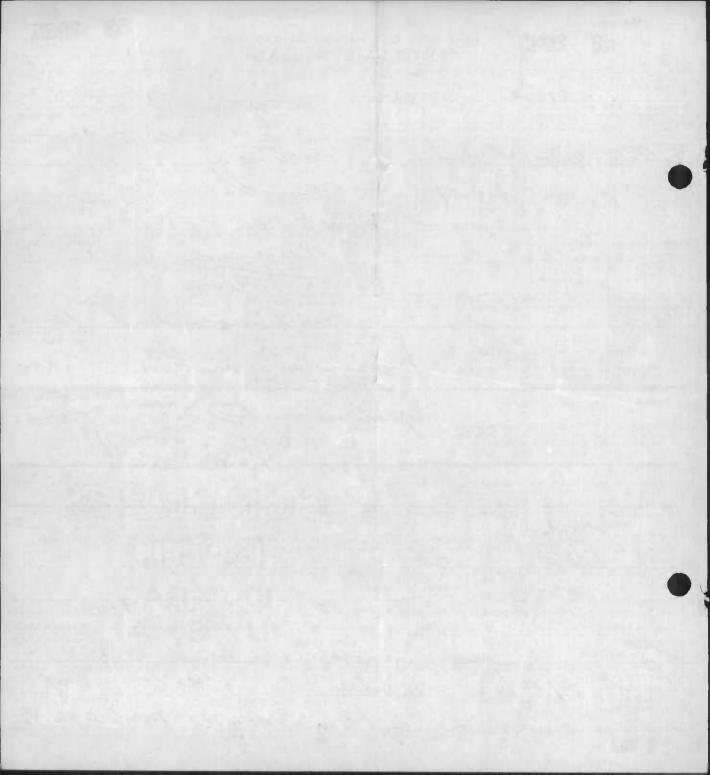
BIRTH NO CERTIFICAT	E OF DEATH Registered No.
1. NAME OF DECEASED	2. DATE
(Type or Print) James B. Le Wis	DEATH Narch 24: 14.521
3. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission)
A. Baltimore City, Maryland // 27 N. Stockton St. B. FULL NAME OF (If not in hospital or institution, give street address or	A //
HOSPITAL OR location	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
THISTITUTION	Bultimore township
Yrs.	o. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore 40 yrs, Days	1127N. Stockton Street
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (In years) If fluder I Year It Under 24 Hours
Mule Colored Widowed Specify	last birthday) Months: Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
work done during most of working life, even if retired) INDUSTRY	Virginia WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Educad I am	(C, 11, 10, 1)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Sully Corbin
(Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
	Purcellhewis 1116 Riggs Hve. Bulto, NIC.
18. 334X 1 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND GEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Alone
(This does not mean the mode of dying, e.g.,	perg 243Whs
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ACOUNT OF THE PROPERTY OF THE ACOUNT OF THE PROPERTY OF THE	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TONG	rio-solilerosis trotaly
U UNDERLYING CONDITION LAST.	
11	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	e
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	
21a. ACCIDENT WAS UNDER. 21b. PLACE OF INJURY (e. g., LYING OR CONTRIBUTING about home, farm, factory, street, affice bldg.	YES NO
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., about hame, farm, factory, street, affice bldg.	
E CAUCE OF BEATT	
1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURS	
m. WHILE AT NOT WHILE	
22. I hereby certify that I attended the deceased from 3-	13-5719 , to 3-23-5749 , that I last saw the
deceased alive on 323-5249, and that death occu	
	23B. ADDRESS 23c. DATE SIGNED
1. (11 cardoco m.o.	1524 Wan Acel aug 3-25-52
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	
Burial Mar, 29,1852 Mt. Auburn	Weitpart
DATE RECEIVED BY REGISTRAR'S SIGNATURE	HES DOLL
	25. FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR	25. FUNERAL DIRECTOR ADDRESS



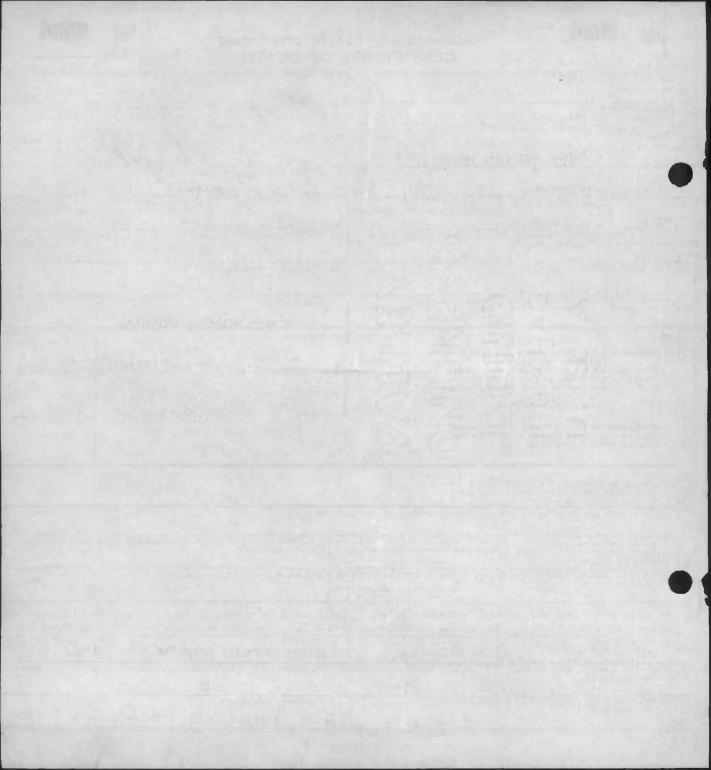
W-42-2934 BIRTH NO. 51-30604	BALTIMORE CITY HE		52 Registered N	2934
1. NAME OF DECEASED (Type or Print) JOHNNY	DALE WALLACE		2. DATE OF March	23, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF I f not in hospital of HOSPITAL OR INSTITUTION Maryland Gener	location)	C. CITY OR TOWN (nstitution : residence before admission
Length of stay in Baltimore	Mos.	Baltimore o.street address (I		
Male White	SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	last birthday) Mor	Under I Year II Under 24 Hours the Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	OB. KIND OF BUSINESS OR INDUSTRY	11. SORTHPLACE (State or Althuror Mother's MAIDEN N	e ma	12. CITIZEN OF WHAT COUNTRY
15. WAS DECEASED EVER IN U. S. ARMED F	ORCES? 16. SOCIAL	Joan		
(Yes, no or unknown) (If yes, give war or dates of	service) SECURITY NO.	Wyman N	allace -	DORESS
DISEASE OR CONDITION DI LEADING TO DEATH (This does not mean the mode of of heart failure, asthenia, etc. It means injury or complication which cau ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST	dying, e. g., the disease, sed death.) DUE TO S (B)	otitis media, l	eft	
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE OEATH, BUT NO TO THE OISEASE OR CONDITION C	T RELATED			
	. MAJOR FINDINGS OF OPER	ATION		YES NO
Z1A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in bout home, farm, factory, etreet, office bldg., e	1 or 21c. WHERE DID (tc.) INJURY OCCUR?	(If in Baltimore City, g	ive exact location)
210. TIME (Month) (Day) (Year) (HOOF INJURY	Our) 21E. INJURY OCCURRE WHILE AT NOT WHILE MORK AT WORK	21F. HOW DID INJUR	Y OCCUR?	
	of the remains described a uid Autopsy, Inspection or I sulted from: natural eauses	Autopsy, nquiry, find that said on M, accident □, suicides 238. CHIEF MEDICAL	Inspection or Inquiry deceased died on the □, homicide □, un EXAMINER □ □ 230	
24A. BURIAL. CREMA- 24B. DATE TION, REMOVAL (Specify) Terroval 2-26-4	24c. NAME OF CEMETER	ASSISTANT MEDICAL D. MEDICAL INVESTIGA RY OR CREMATORY 240.		3/24/52 or county) (State)
DATE RECEIVED BY REGISTRAR'S S LOCAL REGISTRAR	SIGNATURE	29. FUNERAL DIRECTOR	me 2100 6	address Pe
Ws 49 1832	The same of the			1

correct age is especially important. Physicians: please write the causes of death clearly and legibly.





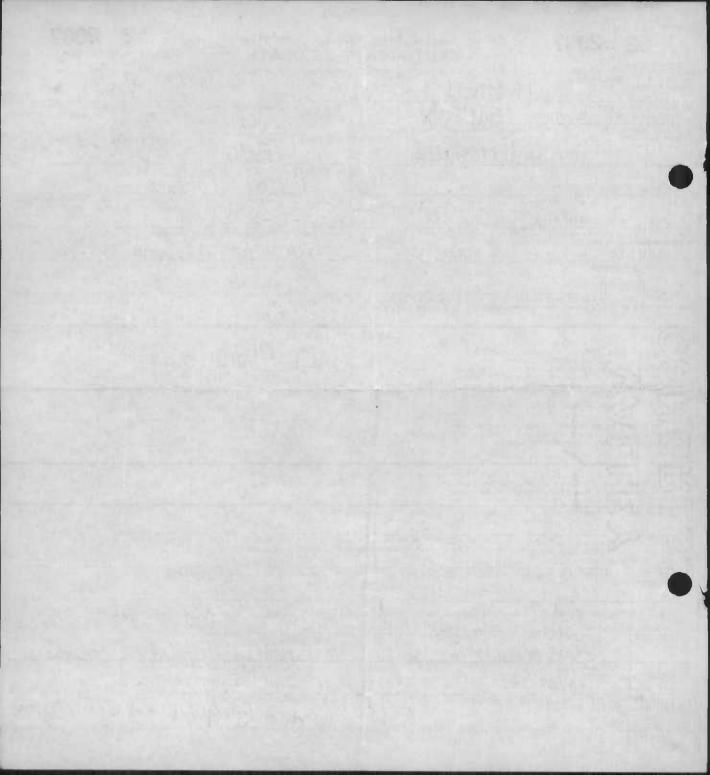
65 2 sported Tx Case - R	Leased to Hospin and
52 02936 Med, Tx Case - R. BALTIMORE CITY H	EALTH DEPARTMENT 7 52 2936
	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) Brenda A	Borns 2. DATE 0.21, 1/52
a. Baltimore City, Maryland / A. Bal	4. USUAL RESIDENCE Where deceased fived. If institution as sidence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital of institution, give street, address of location location) JOHNS HOPKINS HOSPITAL	
Yrs.	D. STREET ADDRESS (If rural, give logation)
c. Length of stay in Baltimore if fe Days	
5. SEX 6 OPLOR OR RACE 7. SINOLE, MARRIED. WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years II Under 1 Year In Under 24 Hours Min. 1 ast birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR work done during most of working iffe, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
10 ne 13. FATHER'S NAME	Paltimore U.S.A.
Clevland Forns	illian Moody
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
(1 too, no of date of solites) SECORITY NO.	JOHNS HOPKINS HOSPITAL
18. 401 V CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	a the mus mustiful 1 , and
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	commence of the second
ANTECEDENT CAUSES	and walnamain in Dural.
Z DISEASES OR CONDITIONS, IF ANY, GIVING	Refuzerabilitation and ances
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	
21a ACCIDENT WAS LINDER. 21B, PLACE OF INJURY (e.g.,	in or 21C. WHERE DID (If in Baltimore City, give exact location)
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	
PID. TIME (Month) (Day) (Year) (Mour) 21E, INJURY OCCURED FINJURY	
m. WHILE AT NOT WHILI	<u> </u>
22. I hereby certify that Lattended the deceased from 3	21, 1952 to 3/2/, 1952 that I last saw the
deceased alive on 10 1, 19, and that death occor	arred at / m., from the causes and on the date stated above.
TOBET E HERREN M.D.	JOHNS HOPKINS HOSPITAL 3-12-5
24A. BURIAC, CREMA- 24B. DATE 24C. NAME OF CEMET TION, REMOVAL (Specify)	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Turial 3/26/1958 Mt Calvery	
DATE RECEIVED BY REGISTRAR'S SIGNATURE	Charge of Welson 1000 Buntley Mp
R 26st 1502	2 10 4 0 1



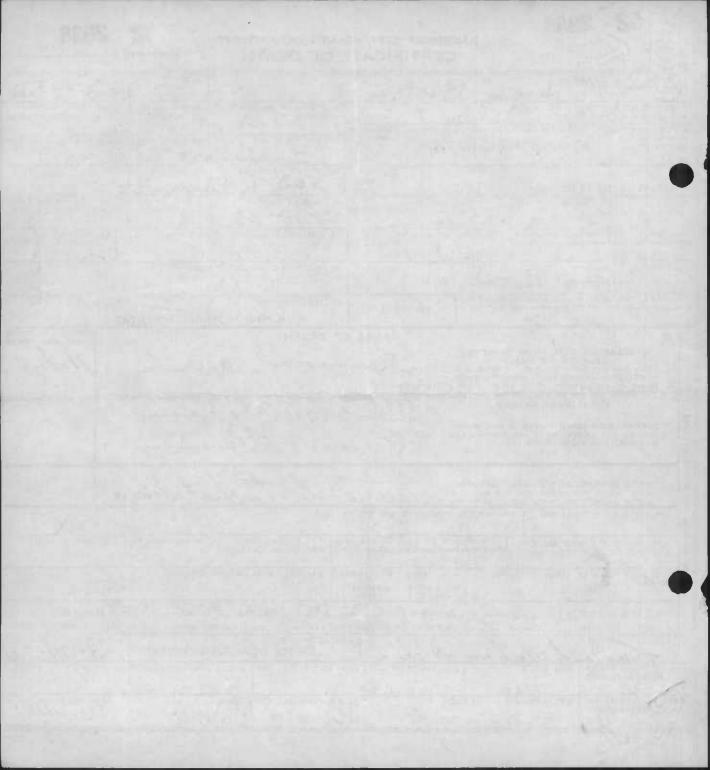
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 2937
Registered No.

	111111110.						
1. (T	NAME OF DECE 'ype or Print)	EASED	homo	U, Lisse	2	2. DATE OF DEATH	24/52
Α.	PLACE OF DEAT Baltimore City	, Maryland	Balt	v.Md.	A. STATE	(Where deceased lived. B. COUNTY	If institution: residence before admission)
H	FULL NAME OF OSPITAL OR ISTITUTION	Par dan	tal or institut	ion, give street address o		If outside corporate lin	nits write KURAK and give
H	9	100 mul	NIUS	Mull Yrs.	D. STREET ADDRESS ((f rural, give location)	J
	Length of stay	in Baltimore	5.0 Yr	Mos. Days	124 W	Hamburn	
-		COLOR DR RACE		E. MARRIED.	8. DATE OF BIRTH	9. AGE (In Gears)	Il Under Year If Under 24 Hours Months: Days Hours Min.
	te	Coloned	ido		Sept-12-1881	70	Months, Days 110028 Min.
1 C	A. USUAL OCCUP done during most of wor	PATION (Give kind orking life, even if retired	IOB. KIND	OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
	omestic FATHER'S NAM		at Hor	ne	14. MOTHER'S MAIDEN	, alabama	. U.S.A.
1 -					Unkown		
15	Unkown 5. WAS DECEASED E	VER IN U. S. ARME	D FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
(Ye	e, no or unknown)	(If yes, give war or dat	es of service)	SECURITY NO.	Wilhelmina Co	leman 820	
	18. 795	0		CAUSE	OF DEATH		INTERVAL BETWEEN
	LE	OR CONDITION	TH		Serile Mar	amus	
	heart failure, a	t mean the mode asthenia, etc. It me	ans the diseas	se,	001000 1. 00	2000	
		nplication which		a.) DUE TO			
z	AN	TECEDENT CAU	SES	(8)			
ATION	RISE TO THE	ABOVE CAUSE (A)	STATING TI				
CA	UNDERLYING	G CONDITION L	AST.	(C)			
IIFIC,		П					
ERT		THE DEATH, BUT					
Ū	19A. DATE OF	SE OR CONDITION		T. FINDINGS OF OPE	RATION		20. AUTOPSY?
AL	13A. DATE OF	SI EKATION .	ios. majon	7,11,111,103 01 01 1			YES ND
EDICAL		T WAS UNDER- ONTRIBUTING		ACE OF INJURY (e. g., farm,factory,street,office bldg		(If in Baltimore City	y, give exact location)
2	ID. TIME (Mo	nth) (Day) (Year	(Hour)	21E. INJURY OCCUR	RED 21F. HOW DID INJU	RY OCCUR?	
L	INSORT		m.	WHILE AT NOT WHIL AT WORK	E		
	22. I hereby e	ertify that I at	tended the	deceased from	2(20 19 Q, to_		12 that I last saw th
	deceased alive	on 3/24	, 19_52	and that death ocer	erred at balam., from	the causes and on	the date stated above
	23A. SIGNATUR	"Dygoni	iondek	Ü M. D.	Brondent	Hospital	3/24.2
Z. TI	4A. BURIAL. CRE ON. REMOVAL (Spec BUTIEL	MA- 248. DATE		24c. NAME OF CEMET Mt Calvery	71	oklyn III.	wn, or county) (State)
	ATE RECEIVED E		S SIGNATU	URE	ELINERAL DIRECTOR	ilpon 1000	Grantly M
	VS 150	Huntin	glow /	Vertisauch, Marie	20		V



52 2938 BALTIMORE CITY HEALTH DEPARTMENT Registered No_ CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) 2 notion DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) A. STATE (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write LURAL and give C. CITY OR TOWN INSTITUTION JOHNS HOPKINS HOSPITAL (If rural, give location) D. STREET ADDRESS Yrs. Mos. c. Length of stay in Baltimore Days 5. SEX 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) AGE (In years If Under I Year If Under 24 Hours last birthday) Months Days Hours Min. 6. COLOR OR RACE 8. DATE OF BIRTH 10A. USUAL OCCUPATION (Givekind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTR La borer Canning House Baltimore 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. JOHNS HOPKINS HOSPITAL INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. DICA 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office hldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH FINJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE 1952 that I last saw the 22. I hereby certify that I attended the deceased from_ 3-23. 1952 and that death occurred at 19.30 Pm., from the causes and on the date stated above. deceased alive on___ 23A. SIGNATURS 23B. ADDRESS 23c. DATE SIGNED JOHNS HOPKINS HOSPITAL 24A. BURIAL. CREMA-TION, REMOVAL (Specify) 24B, DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Itimore APDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE TUNERAL DIRECTOR LOCAL REGISTRAR VS 150



198. MAJOR FINDINGS OF OPERATION

218. PLACE OF INJURY (e. g., in or

about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR?

21F. INJURY OCCURRED

WHILE AT 22. I hereby certify that I attended the deceased from_

deceased alive on 19 and that death occurred at 23A. SIGNATURE

REGISTRAR'S SIGNATURE

23B. ADDRESS 24A. BURIAL, CREMA-24B, DATE 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify)

21c. WHERE DID

_m., from the causes and on the date stated above.

. 19 52 to Klan 23 . 19 That I last saw the

23c. DATE SIGNED

20 AUTOPSY

YES

(If in Baltimore City, give exact location)

DATE RECEIVED BY QCAL_REGISTRAR

19A. DATE OF OPERATION

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING

ID. TIME (Month) (Day) (Year) (Hour)

CAUSE OF DEATH

F INJURY

VS 150

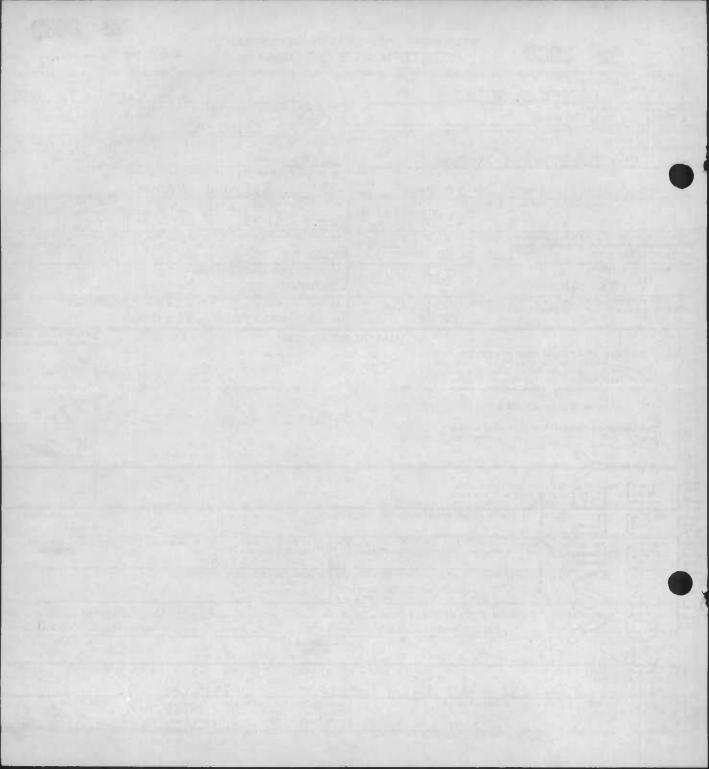
DICA

Baltimore Cemetery NORTH AVE & BROADWANK

Baltimore.

ADDRESS

I wertry took



52 2940 Registered No. BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE DEATH March 18, 1952 SAMUEL BRADFORD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland Marvland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION University Hospital Baltimore o. STREET ADDRESS (If rural, give location) Yrs. Mos. 510 N. Pearl Street Length of stay in Baltimore Days 7. SINGLE, MARRIED 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years) If Under I Year If Under 24 Hours last bothday) Months Days Hours Min. WIDOWED, DIYORCED (Specify) Male Colored mar 108. KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Give kind of work done dring most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) EN OF WHAT COUNTRY INDUSTRY magna vorer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17 INFORMANT ADDRESS 11 6 4 (Yes, no or unknown) SECURITY INTERVAL BETWEE CAUSE OF DEATH 4101 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Hypertensive cardiovascular disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, GUX XEX injury or complication which caused death.) ANTECEDENT CAUSES Coronary occlusion (B) .. DISEASES OR CONDITIONS, IF ANY, GIVING XXXXXX RISE TO THE ABOVE CAUSE (A) STATING THE Myocardial infarct UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT W 20. AUTOPSY 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION YES X (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING [] OR CONTRIB. UTING CAUSE OF DEATH. 21F. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE! WORK AT WORK Partial Autopsy 22. I certify that I took charge of the remains described above, held an _ thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident \(\subseteq \), suicide \(\subseteq \), homicide \(\subseteq \), undetermined \(\subseteq \). 23B. CHIEF MEDICAL EXAMINER.... 23A. SIGNATURE

24C NAME OF CEMETERY OR CREMATORY

V S 151

24A. BURIAL. CREMA-

TON REMOVAL Specify

DATE RECEIVED BY LOCAL REGISTRAR 24B, DATE

REGISTRAR'S SIGNATURE

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age

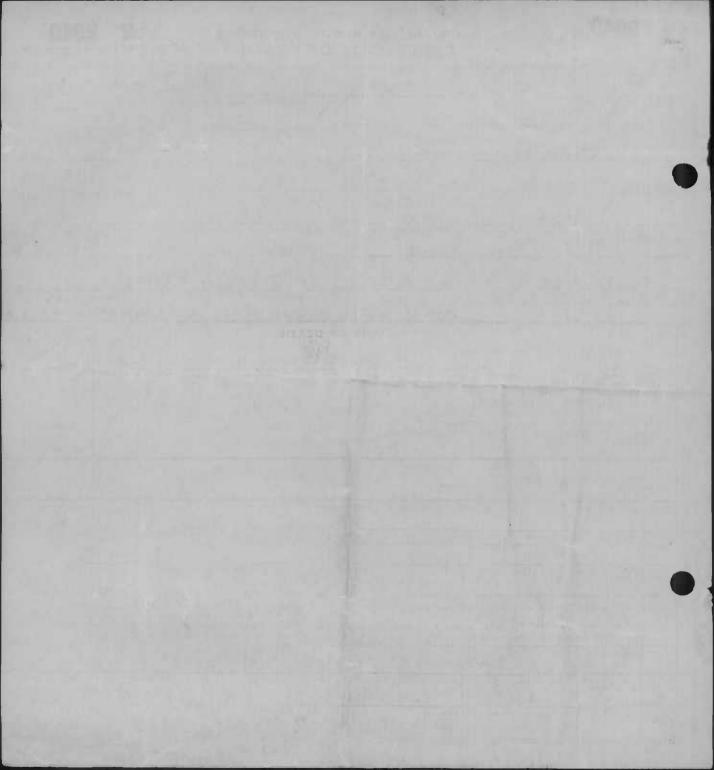
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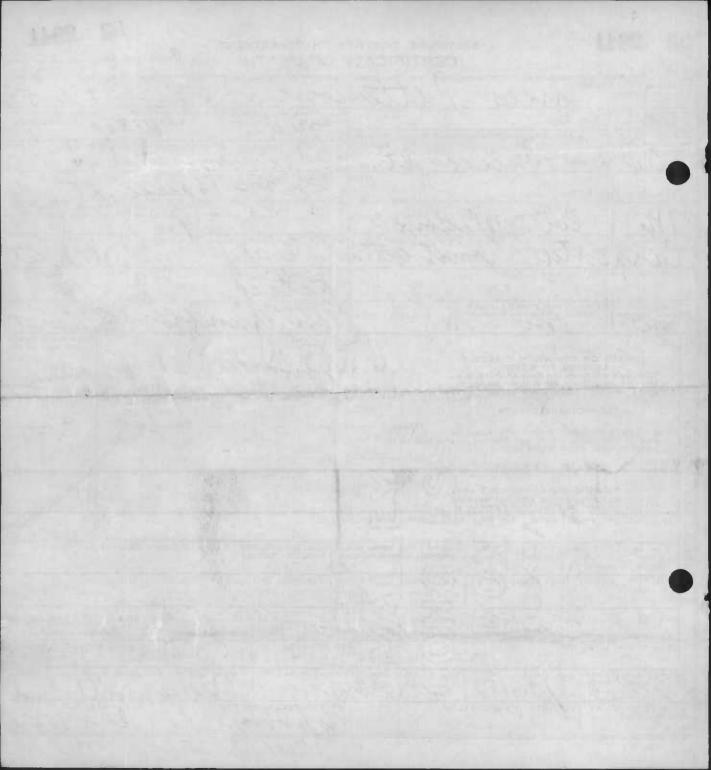
97050 Drula sele ove

MEDICAL INVESTIGATOR

ASSISTANT MEDICAL EXAMINER

240. LOCATION (City, town, or county)





BIRTH	NO.			CERTIFICATI	E OF DEATH	Registered 1	10,
	ME OF Di or Print)	Jehn !	dake1			2. DATE OF 3-23-	52
B. FUL HOSPI	CE OF DI timore C L NAME TAL OR TUTION	ity, Maryland OF (If not in hospit	e City	ion, give street address or	C. CITY OR TOWN	Where deceased lived. If B. COUNTY	institution: residence before admission as write RURAL and give township
Q _{en}	ngth of st	ay in Baltimore	48 yr	Yrs.	D. STREET ADDRESS (I. 429 Druid Hil)		
5. SEX		6. COLOR OR RACE	7. SINGL WIDOW	E, MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH		Under I Year W Under 24 Hours Days Hours Min.
10A. U	SUAL OCC	CUPATION (Give kind of f working life, even if retired)	108. KINE	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or S. C.	foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FA	THER'S N	George 1	iiskel		14. MOTHER'S MAIDEN N	NAME	
15. WA (Yes, no c	S DECEASE or unknown)	D EVER IN U, S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT B. C. H. Recerts	, 4946 Easter	DDRESS
RTIFICATION	(This does heart failur injury or DISEASES RISE TO THUNDERLY	E OR CONDITION LEADING TO DEA' not mean the mode of the complication which complication which complication which complication will be complicated by the complication which complication will be complicated by the complication	TH of dying, e. f. ns the diseas aused death SES F ANY, GIVIN STATING TH.	(6)	ary Thrembesis	due to Arteri	
194	TO THE DI	SEASE OR CONDITION	CAUSING I	FINDINGS OF OPER		440 00 210611	20. AUTOPSY?
E CA	USE OF	ENT WAS UNDER- CONTRIBUTING DEATH	(Hour)	ACE OF INJURY (e. g., ir arm, factory, street, office bldg., e 21e. INJURY OCCURRI	tc.) INJURY OCCUR?	(If in Baltimore City, p	
dee	· I hereby eeased al	ive on Mar. 23	ended the	and that death occur	14.52 , 19 , to Marred at 4.15pm., from 3B. ADDRESS	arch 23. , 19 5 the eauses and on th	that I last saw the date stated above
DATE LOCAL MAR	RECEIVED REGISTR	REMA- 248. DATE Decity 3 21	152	PARE OF CEMETER	POR CREMATORY 24D. L	ested	or county) (State) ADDRESS 918
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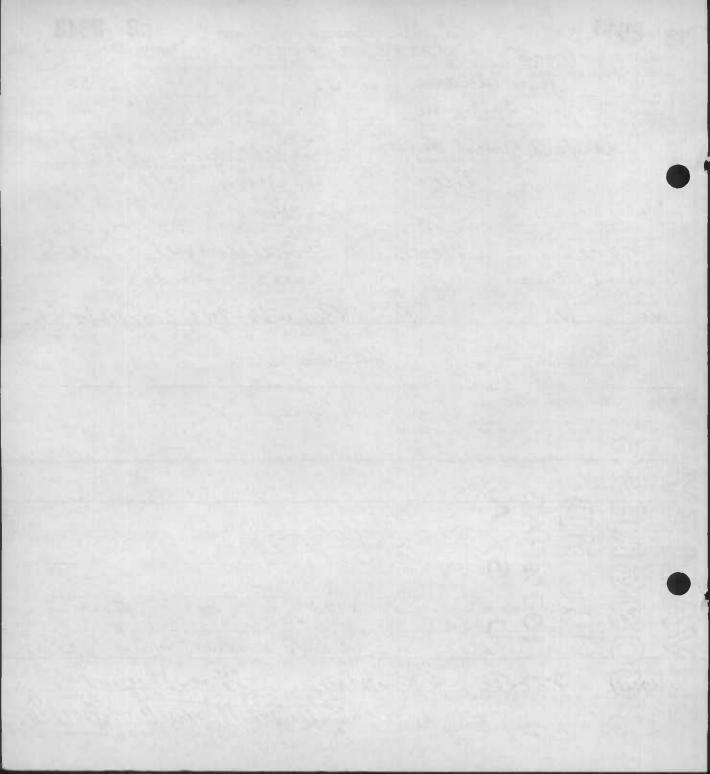
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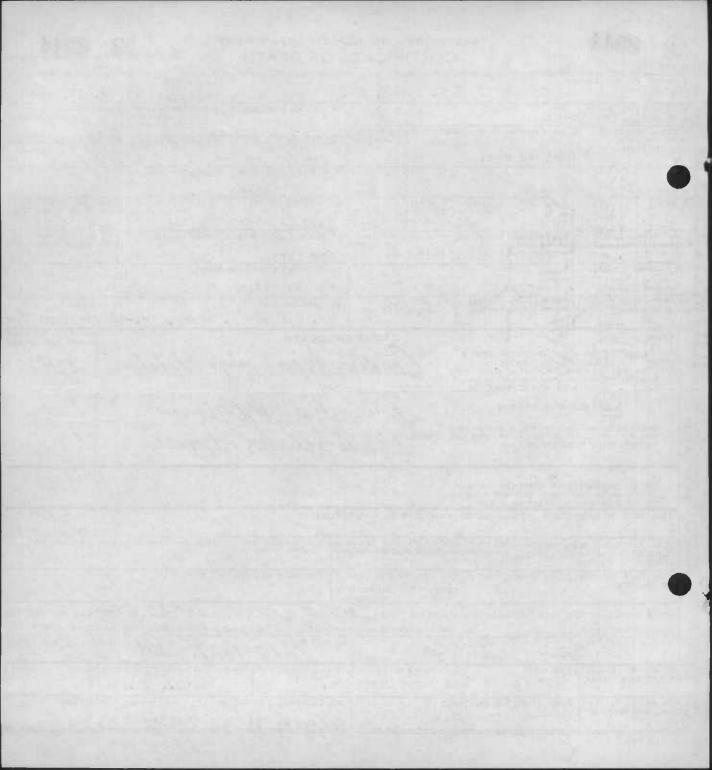
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4	2013		- 52 8	2943
5	OFFITIOAT	TEALTH DEPARTMENT	Registered No.	0 20
В	RTH NO. 48-11455 CERTIFICAT	E OF DEATH	itt gistered 1102	
1. (T	NAME OF DECEASED John loward KL/	4) U S	2. DATE OF 3. 25	.52
A.	PLACE OF DEATH: Baltimore City, Maryland Baltimore	4. USUAL RESIDENCE (W	here deceased lived. If inst	titution : residence before admission)
H	FULL NAME OF (If not in hospital or institution, give street address of DSPITAL OR location		outside corporate Umits/w	rite MURAL and give
1	STITUTION Maryland general Hospital	Voullim	one 15	(Cownship)
	ength of stay in Baltimore Lile Yrs. Mos. Days	702 Person:		
5.	SEX 6.COLOR OR RACE 7. SINGVE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years If Under last birthday) Month	er I Year If Under 24 Hours
7	noce white single	" May 30-1948	3	S Days Mours Min.
1 C worl	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) INDUSTR	Y 11. BIRTHPLACE (State or for	reign country) 12	CITIZEN OF
13	FATHER'S NAME	14. MOTHER'S MAIDEN NA	ione	265
	Edward & Klaus	horgant	Hands)	
15 (Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL n, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT	ADDI	RESS
	NO NO NO	Poverelo - 70	318.1011/2	ir Sh-
	18. 752 X CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH			
	(This does not mean the mode of dying, e. g., heart failure, asthonia, etc. It means the disease,	ovouphacus		
	injury or complication which caused death.) DUE TO	(congenital).		
	ANTECEDENT CAUSES			
Z O	DISEASES OR CONDITIONS, IF ANY, GIVING	is encephalily	····	
ATI	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.			
FIC/	(C)			
RTIF	OTHER SIGNIFICANT CONDITIONS			
ш	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED			
O	TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION		20. AUTOPSY?
AL				YES NO
EDIC	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg		f in Baltimore City, give	exact location)
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURI	RED 21F. HOW DID INJURY	OCCUR?	
	OF INJURY WHILE AT NOT WHILE AT WORK AT WORK			
	22. I hereby certify that I attended the deceased from		.25 , 1952t	hat I last saw the
	deceased alive on 3.25, 19.52, and that death occi	urred at 6 a. m., from th		
	23A. SIGNATURE	23B. ADDRESS	, 2	3c DATE SIGNED
-	A. BURIAL, CREMA- 248 DATE 24C, NAME OF CEMET	laryland gener		3.25.52 county) (State)
TI	N, REMOVAL (Sypeify)	·		
D	THE RECEIVED BY I REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	roellaun	DERESS ~
L	R 26 952 Turtington Williams 1620	Stullantitt	mulla - /-	3018
ATT	We led	Emmini 1	mulo. 10	uus,



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 20 2944

BIKI	H NO.					
1. NA (Type	AME OF DECEASED or Print)	SPENCER	W. SEERY, SR		2. DATE OF DEATH	Mar. 23, 1952
	ACE OF DEATH: altimore City, Maryland			A. STATE	E (Where deceased lived B. COUNTY	d. If institution: residence before admission)
	LL NAME OF (If not in hospi	tal or instituti	on, give street address or location)	Md.	(154-:1 1	The state of the s
INST	ITUTION	A ====	100001011	c. CITY OR TOWN	(if outside corporate i	imits, write RURAL and give township)
	506 Chateau	Ave.		Baltimore	100	1 1
			Yrs. Mos.	o. STREET ADDRESS	(If rural, give location	
	ength of stay in Baltimore		Days	506 Chatear		
5. SE	X 6. COLOR OR RACE		. MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months: Days Hours: Min.
m	ale white	wid	owed	July 21, 187	7 74	
	USUAL OCCUPATION (Give kind one during most of working life, even if retired		OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF
WOLK GO	Mgr. and Promote		dicine	New York		WHAT COUNTRY?
13. F	ATHER'S NAME			14. MOTHER'S MAIDE	N NAME	
	Patrick W. Seery			Ann Morrison		
15. W	AS DECEASED EVER IN U. S. ARME	D FORCES?	16. SOCIAL	17. INFORMANT		
(Yes, no	or unknown) (11 yes, give war or dat	es of service)	SECURITY NO.		T 0 T	ADDRESS
	no			Mr. Spencer v	. Seery, Jr.	-45 Maryland Ave
18	3. 443 x		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND GEATH
	DISEASE OR CONDITION		1. 1.	11	1 11 11	. 0.000
	(This does not mean the mode		. Gardia	C MYRLY IRODE	ly o dula tate	on + 24/25
	heart failure, asthenia, etc. It me injury or complication which	ans the disease	e,			
	mjury of complication which	caused death		1 4 1		
	ANTECEDENT CAU	SES	1 So Tille	ocloratie Hyp	MIman	
NOL	DISEASES OR CONDITIONS.	IF ANY. GIVIN	C	1 4		
	RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION L	STATING TH	E TOO DAS	in- Vascular	Nineano	
CA	UNDERETING CONDITION E	ASI.	(C) (J) (U)	o. I anicidari	want	
IL.						
RTI	OTHER SIGNIFICANT CONE	ITIONS CON				
Ш	TRIBUTING TO THE OEATH, BUT	NOT RELATE	0			
0			FINDINGS OF OPER	ATION		20, AUTOPSY?
	SAL BATE OF OFERATION	TOB. MAJOR	THE MICO OF CITE			YES NO
CA _	ACCIDENT WAS LINDED	218 PLA	CE OF INJURY (e. g., i	n or 21c. WHERE DID	(If in Baltimore Ci	ty, give exact location)
I L	21a. ACCIDENT WAS UNDER- YING□ OR CONTRIBUTING□ CAUSE OF DEATH		arm, factory, street, office bldg.,			,, 8
2	10. TIME (Month) (Day) (Year F INJURY	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID IN	JURY OCCUR?	
	r injurt	m	WHILE AT NOT WHILE			
-	0 7 1 11 11 17	2 7 17		11-28 1050	3-251	95 that I last saw the
	2. I hereby certify that I at			1-28, 1950, to	0	5 - Anat I tast saw the
	cceased alive on 3-23	, 192_4		rred appm., fr	om the causes and o	n the date stated above.
2	Conshony 7	· Caro	434° м. D.	5217 /	ORK Kd	3-25-52
24A.	BURIAL, CREMA- 245 DATE	/	C. NAME OF CEMETE		40, LOCATION (City, to	own, or county) (State)
HOW.	Burial (Specify) 3/26/52		Loudon Park	Cem.	Balto., Md.	
DATI	E RECEIVED BY LINEGISTRAF	SIGNATU	IRE I	25 FUNERAL DIRECT	TOR!	ADDRESS
LOCA	AL REGISTRAR Tourting	7 1/1/1	haus- N.P.	Ulkana Va	Ninkomes!	+ Jan
MAI	1 20 1937		Par Co	WINTING ST	My Vou	///
	VS 150	1 3	Mary Care		(sulto	17 Mas.

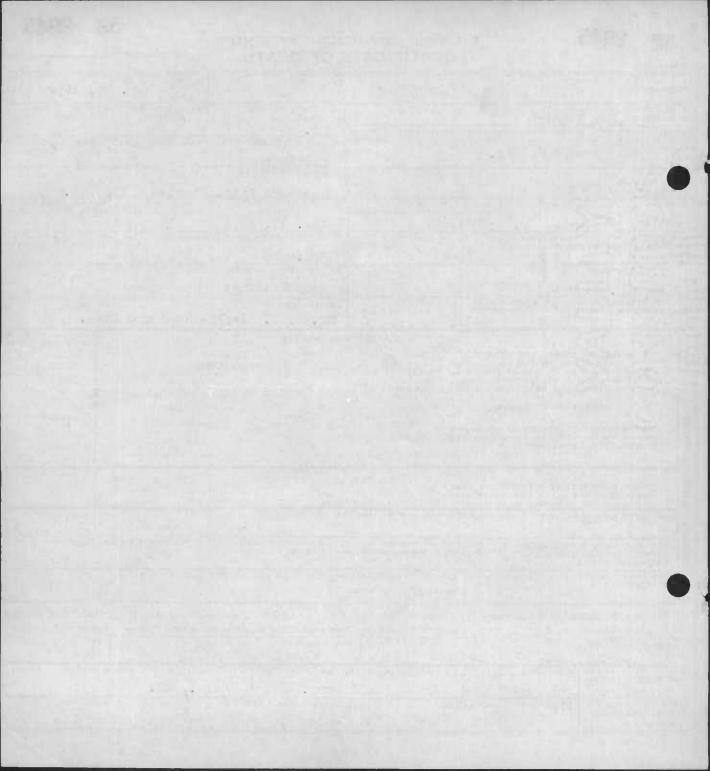


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 2945

Registered No_

BIRTH NO 1. NAME OF DECEASED 2. DATE OF Mar. 25, 1952 (Type or Print) ANNA HASTINGS CLARK 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) A. STATE Md. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write kURA) and give C. CITY OR TOWN INSTITUTION Homewood Apts. Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos c. Length of stay in Baltimore Homewood Apts. Charles & 31st St. Davs 5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED 9. AGE (In years If Under) Year last birthday) Months: Days Hours Min. widowed, Divorced (Specify) married female Aug. 13, 1878 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Housewife at home Delaware 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Hastings Joseph D. Fawcett 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. Mr. A. T. Clark - Homewood Apts. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY arterio eleverio LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDERabout home, farm, factory, atreet, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY NOT WHILE 22. I hereby certify that I attended the deceased from 19/5/ deceased alive on 3/25/52, 19 and that death occurred at 10:314 m., from the causes and on the date stated above. 23B. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL CREMA- 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY Balto. Md. 3/27/52 Green Mount Crem. Cremation DATE RECEIVED BY ADDRÉSS REGISTRAR'S SIGNATURE / . 25-FUNERAL DIRECTOR LOCAL REGISTRAR sckner VS 150



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIRTH NO.	CERTIFICATI	E OF DEATH	Registered 1	10.
1. NAME OF DECEASED (Type or Print) AGNIESZKA	PAJTYS		2. DATE OF March	25,1952
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or instit	ution, give street address or	4. USUAL RESIDER	NCE (Where deceased lived. If B. COUNTY	
HOSPITAL OR INSTITUTION 2205 Eastern Avenue	loeation)	c. CITY OR TOWN Baltimore	(If outside corporate l'mit	ts, write RURAL and give township)
ength of stay in Baltimore 50	yrs. Mos. Days	D. STREET ADDRES		
WIDO	LE. MARRIED. WED, DIVORCED (Specify) Married	8. DATE OF BIRTH Unknown		f Under I Year on the Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	ND OF BUSINESS OR INDUSTRY		ate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
John Krzyzowski	, the sales.	14. MOTHER'S MAI	DEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, nn nr unknown) (If yes, give wer or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Catherine	Glowacki,524 Ho	DDRESS ltzmann Ct.
DÍSEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e heart failure, asthenia, etc. It means the disc injury or complication which eaused dea ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE DEATH, BUT NOT RELATED THE DISEASE OR CONDITION CAUSING	(B)		osis	3MOS.
19A. DATE OF OPERATION 19B. MAJO	R FINDINGS OF OPER	ATION		20. AUTOPSY?
	LACE OF INJURY (e. g., in e, furm, factory, street, office bldg., e			give exact location)
21D. TIME (Month) (Day) (Year) (Hour) FINJURY m. 22. I hereby certify that I attended th		P1. Y , 1951,		
deceased alive on MARIH 24952 2373 IGNATURE 24X. BURIN. CREMA- TION, REMOVAL (Specify)	and that death occur M. D. M. D. 2 24C. NAME OF CEMETE	3B. ADDRESS	· · · · · · · · · · · · · · · · · · ·	3/2 6/5 2
Burial 3/28/52 DATE RECEIVED BY REGISTRAR'S SIGNAT	St. Stanislau	3 25. FUNERAL DIRE		aryland
LOCAL REGISTRAR	F. Eury HP.	M.F. SADOWSKI	SONS, 1808 EAS	TERN AVENUE

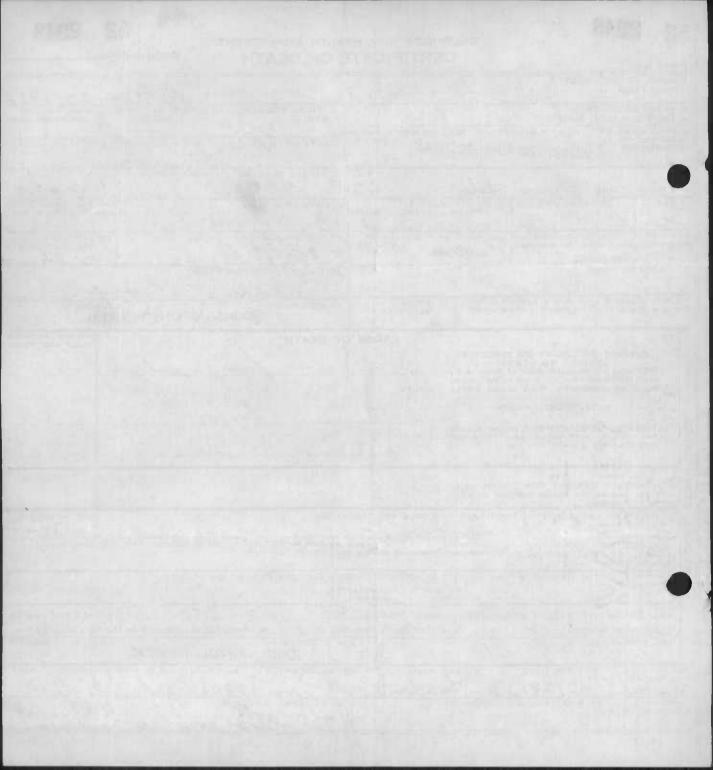
CERTIFICATE OF DEATH

7	RTH NO.			CERTIFICAT	E OF DEAT	H Registe	red No.
1.	NAME OF DE		RON	W. BLI	77 AR	Sr OF	3/25/52
	PLACE OF DE Baltimore C	ATH: ity, Maryland			A. STATE	DENCE (Where deceased live B. COUN'	10 .00
H	FULL NAME O OSPITAL OR STITUTION		. 1	tion, give street address or location)			e limits, write RURAL and give township)
2	HURCI	HOME	4 40	SPITAL	SALI	IMOKE,	mon
	ength of st	ay in Baltimore		35 Yrs.	530		ENGOD.
5.	SEX	6. COLOR OR RAC	7. SINGL	E, MARRIED. NEO, DIVORCED (Specify)	5/28/18	9. AGE (in yes last birthda)	mrs ff Under 1 Year ff Under 24 Hours Months Days Hours Min.
	done during most of	CUPATION (Give kind working life, even if retire	d)	of Business or INOUSTRY		(State or foreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S N			33320,7 000	14. MOTHER'S M.	AIDEN NAME	
10		PRKES	1321	ZZARD.	KaTH	ERINE B	RONN.
(Ya	a, no or nnknown)	D EVER IN U. S. ARM (If yea, give war or da	ED FORCES?	16. SOCIAL SECURITY NO. 217-01-0575	17. INFORMANT	LH HIME	ADDRESS & HOSPITAL
	18. 4/2	0 / 1		CAUSE	OF DEATH		INTERVAL BETWEEN
		E OR CONDITION		2.0			
		not mean the mode	of dying, e.			Kombose	
		e, asthenia, etc. It m complication which		se, h.) DUE TO terr	minal Co	romany thron	born
		ANTECEDENT CAL	JSES	Es.	line 11	isteriordes	
Z	DISEASES	OR CONDITIONS,	IF ANY, GIVI	NG (B)	Jupatine	L-CUD	
E	RISE TO TH	HE ABOVE CAUSE (A) STATING T		1 gjunn	201	
ICA				(C)		***************************************	
RTIF		- 11					
ш	TRIBUTING	TO THE DEATH, BU	T NOT RELAT	ED			
U		F OPERATION		R FINDINGS OF OPE	RATION		20. AUTOPSY?
AL	-	2					YES NO
IEDICA		ENT WAS UNDER CONTRIBUTING	1	ACE OF INJURY (e. g., farm, factory, street, office bldg.,			City, give exact location)
Σ		Month) (Day) (Yes	r) (Hour)	21E. INJURY OCCURR	RED 21F. HOW DI	D INJURY OCCUR?	
	F INJURY		m.	WHILE AT NOT WHILE			
	22. I herebi	y certify that I a	ttended the	deceased from 11:30	orm 3/24, 195	14, to 3/25	195 that I last saw th
	deceased al	ive on 3/25	195-6	and that death occu	rred at 4: Yo Am	., from the eauses and	on the date stated above
	23A. SIGNAT	URE			23B. ADORESS	a 1 Hont	23C. DATE SIGNED
-	4A. BURIAL, C	REMA- 24B, DATE	on	M. D.	CONTRACTOR OF THE	Y 24D. LOCATION (City	town, or county) (State)
TI	ON REMOVAL (SI	Mar. 27,		Meadowridge M			
D	ATE RECEIVED		R'S SIGNAT			RECTOR BI	vd., Elkridge, Md.
	OCAL REGIST		nglain	5 11 5	Schimunek	Funeral Home,	Inc.

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BALTIMORE CITY HEALTH DEPARTMENT

D	DTH NO	CERTIFICAT	E OF DEATH	Registered No.	
	RTH NO.				
	NAME OF DECEASED (ype or Print)	1. Coal		2. DATE OF DEATHMAN.	25.1952
Α.	PLACE OF DEATH: Baltimore City, Maryland Aury	14al 5	4. USUAL RESIDENCE (Wh	ere deceased lived. If inst	itution: residence before admission)
	FULL NAME OF (If not in hospital or institut	- Incation)	Ma		-01
	JOHNS HOPKINS HO	SPITAL	c. CITY OR TOWN (If or	utside corporate limits,	rite RURAL and give township)
7		Yrs.	D. STREET ADDRESS (If ru	ral, give location)	0
-	Length of stay in Baltimore Life	Mos. Days	707 W.	Haus	unger
5.	Male UND & WIDOV	E. MARRIED, VED, DIVORCED (Specify)	9 - 24 - 190	9. AGE (In years If Und last birthday) Month	n l Year / li Bader 24 Hours s Days Hours Min.
10		OF BUSINESS OR	11. BIRTHPLACE (State or fore	eign country) 12	. CITIZEN OF
	(done during west of working life even if retired)	INDUSTRY	Balto Md.	is country)	WHAT COUNTRY?
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME	
	Onto to and		71000.	0,1	1 .
15	. WAS DECEASED EVER IN U. S. ARMED FORCES?	I 16. SOCIAL	nau	Inon	
(Ye	(If yes, give war or dates of service)	SECURITY NO.	JOHNS H	OPKINS HOSPIT	
	18. 1/1/	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
	LEADING TO DEATH	1/.	andre france	. 1:1 1	1-1-
	(This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the disease injury or complication which caused death	ie,	June C	and way	3 fores
			-		
_	ANTECEDENT CAUSES	C.	i and offeren	,	
O	DISEASES OR CONDITIONS, IF ANY, GIVII	(B)(and the second		***************************************
F	RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST.	HE OUE TO	2	1_	
CA	UNDERLYING CONDITION LAST.	(C) ohnige lite	matifica / ned	m seeds	
FIC			/		
RTII	OTHER SIGNIFICANT CONDITIONS				
ER	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATE				
Ü	TO THE DISEASE OR CONDITION CAUSING I				
		FINDINGS OF OPER	ATION		20. AUTOPSY?
A	? Comp	not resented			YES NO
EDICA		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,		in Baltimore City, give	exact location)
Σ.	ID. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
	FINJURY	WHILE AT NOT WHILE	_		
	m.	WORK AT WORK			
	22. I hereby certify that I attended the	deceased from 2 -	25- , 19 2, to 3	- 25-, 19-2, t	hat I last saw the
	deceased alive on 3-25-, 1951,		red at of m. from the	e causes and on the	
	23A. SIGNATURE		3B. ADDRESS	- 2	3c. DATE SIGNED
	allow toll Turkel	м. D.	JOHNS HOPKIN	IS HOSPITAL	mark 25/812
2	AA. BURIAL, CREMA- 24B. DATE		RY OR CREMATORY 240. LO	CATION (City, town, or	county) (State)
	ON, REMOVAL (Specify)	P. 1 D.	h of 22-	101.1.	4 N.
1	Jurial 3/28/52	+oudon Tai	16 ben 380.	Treaerice	e-uve
	ATE RECEIVED BY REGISTRAR'S SIGNATE	O CL 15 O	25. FUNERAL DIRECTOR	, 8 9	BRESS.

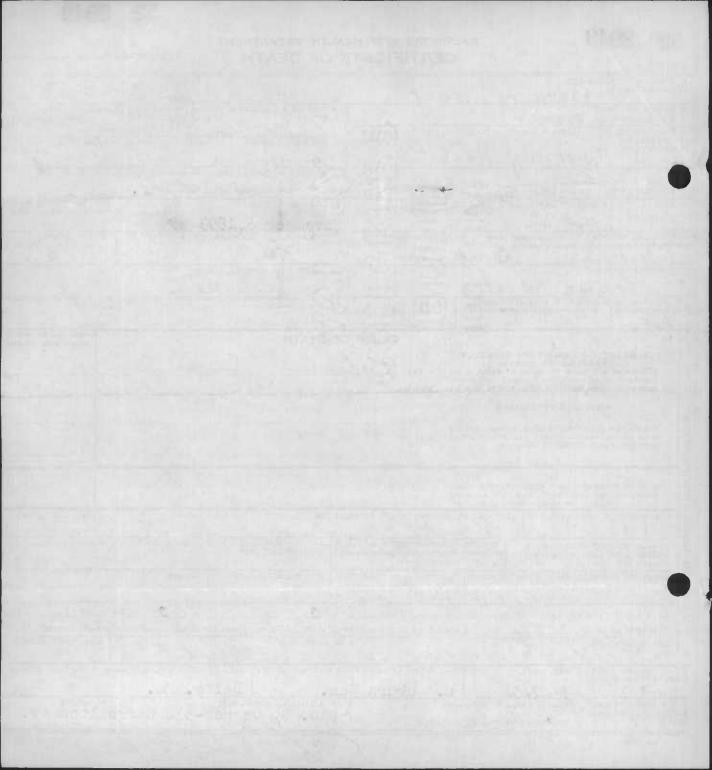


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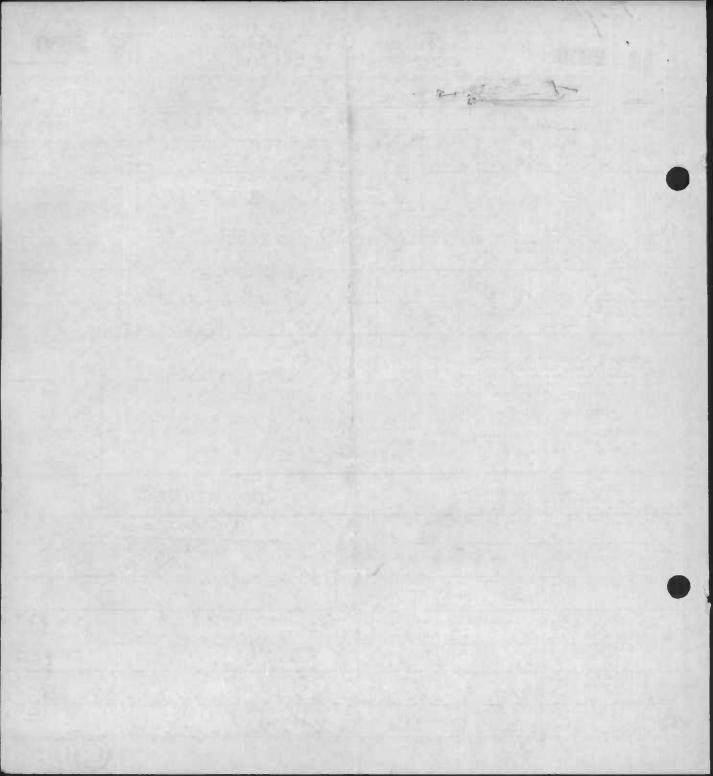
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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) INSTITUTION D. STREET ADDRESS (If rural, give location) Yrs. MOS. c. Length of stay in Baltimore Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH November 5 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired) INDUSTR 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. uncuana A Tropa 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Li Ü TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 3-22-5 218 PLACE OF INTORY (e.g., in or | 210 WHERE DID 21A. ACCIDENT WAS UNDER ebout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY NOT WHILE 1952 to 3 -21, 1952, that I last saw the 3-23 22. I hereby certify that I attended the deceased from... deceased alive on 3-22, 1953 and that death occurred at 5:35 m., from the causes and on the date stated above, 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY Balto. Md. Cem. Auburn DATE RECEIVED BY I REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR Gy Coper-512



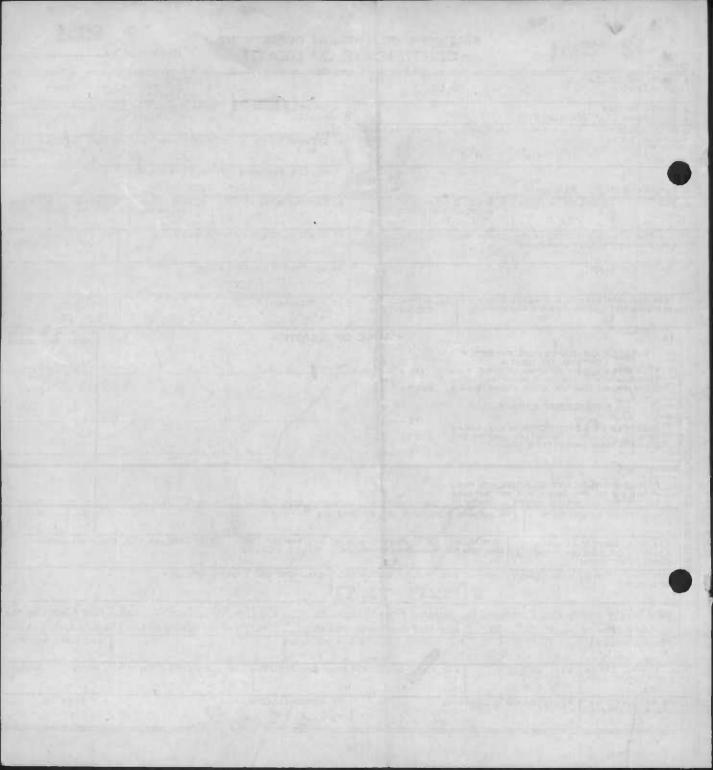
OK G Re Fisher & phone :	to be opport & meleul examine
BIRTH NO.2 2950 BALTIMORE CITY HE CERTIFICATION	
1. NAME OF DECEASED (Type or Print) Vacob BEES	2. DATE 3/24/52 4.M.
3. FLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	c. CITY OR TOWN (If outside corporate limits, write REIIAI) and give
750 Me Wenry st	Batto LI Township
Mos.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SHROLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year It Under 24 House
Mala White Married	7/4//869 last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Boulet Makes Bro R.R.	11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yes, no or anknown) (11 yes, give war or dates of service) SECURITY NO	17. INFORMANT ADDRESS 2
(Yes, no or mikrown) (II yes, give war or dates of service) SECURITY NO.	Mathilda B. Nelson alkambra dog
1001	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, in the complete the mode of dying and death	ite Coronar occlusion 1-2 mm.
injury or complication which caused death.) DUE TO ANTECEDENT CAUSES	s arter others class 5-10 m
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	lezel antowscless 10-15 g +
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CERTIFICATION APPROVED TY
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION RIVER 20. AUTOPST?
Z1A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING shout home, farm, factory, street, office bldg., c	
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI	
22. I hereby certify that I attended the deceased from	
deceased dive on 4-12-51, 19, and that death occur	red at 4:00 Q.m., from the causes and on the date stated above.
23A. SIGNAMIRE OLIVE M.D. 2	38. ADDRESS 23C. DATE SIGNED 3.25 July
24A. BURIAL, CREMA- TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
INCOL DECICEDAD	2230k Dec. 1217 3. Poul St.
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

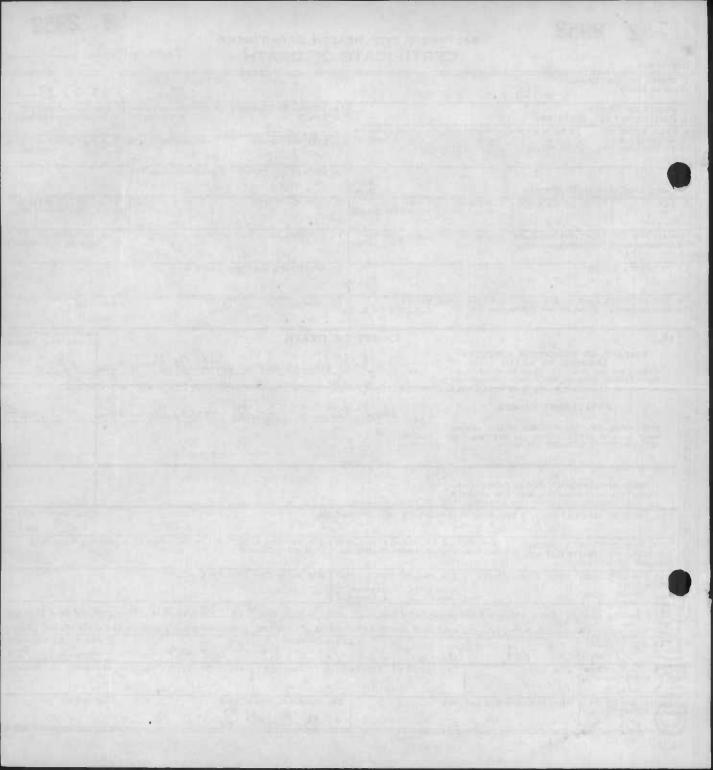
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Registered No.

BIRTH NO.			CERTIFICATI	OF DEAT	7	
1. NAME OF (Type or Print)	DECEASED	da A. G	7		2. DATE OF DEATH	eh 25, 1952
B. FULL NAME HOSPITAL OR INSTITUTION	City, Maryland F OF (If not in hospit		on, give street address or location)	a. USUAL RESIDE A. STATE 1'4, 14. d c. CITY OR TOWN Paltimore	NCE (Where deceased lived, B. COUNTY	If institution; residence before admission) mits, write RURAL and give township
- Length of	stay in Baltimore		Yrs. Mos. Days		ss (If rural, give location)	
5. SEX	6. COLOR OR RACE	WIDQW	, MARRIED, ED, DIVORGED (Specify)	8. DATE OF BIRTH	9. AGE (in years last birthday)	If Under I Year Months: Days Hours Min.
10A. USUAL O work done during mos		on ho		11. BIRTHPLACE (S Pennsylvan) 14. MOTHER'S MA JOANNELLAND	IDEN NAME	12. CITIZEN OF WHAT COUNTRY
15. WAS DECEA	SED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
(This do heart fai injury o	ASE OR CONDITION LEADING TO DEA' to not mean the mode of the complication which is the complication which is the complication of the complication of the complication which is the complication of the complication	TH If dying, e. g Ins the disease aused death. SES F ANY, GIVIN STATING TH	(A) Hyd	Jenil	menffun it	interval Between onset and Death uncertains of Stort of Condulum
19A. DATE	SIGNIFICANT CONDING TO THE OEATH, BUT DISEASE OR CONDITION OF OPERATION	NOT RELATE	D	ATION		20. AUTOPSY?
Z 1A. ACCI LYING CAUSE OI	IDENT WAS UNDER- OR CONTRIBUTING F DEATH		CE OF INJURY (e. g., i arm,factory,street,office bldg.,	injury occu	R?	y, give exact location)
22. I here deceased 23A. SIGN	eby certify that I at a	m. v	and that death occur	1957 , 1957	to March 24, 19, from the causes and on	57, that I last saw the the date stated above 239. DATE SIGNED
24A. BURIAL. TION, REMOVAL DATE RECEIV LOCAL REGIS	(Specify) ZED BY REGISTRAR	2	or of Par	RY OR CREMATORY	Parkville, ECTOR	wn, or county) (State) M. m. 1 ADDRESS St. F. ul. St. Col.



BALTIMORE CITY HEALTH DEPARTMENT

_	IDTU NO			CERTIFICAT	E OF DEAT	H Regist	ered No
1.	NAME OF D		R. MeC	er e		2. DATE OF	3/25/52
Α.	PLACE OF D Baltimore (EATH: City, Maryland		ion, give street address o	A. STATE	DEATH ENCE (Where deceased B. COUI	lived. It institution: residence NTY tefore admission)
	OSPITAL OR ISTITUTION	320 Hawth	orne Re	location	c. CITY OR TOWN	(If outside corpor	township)
_		tay in Baltimore		Yrs. Mos. Days	320 Marth		
	SEX	6. COLOR OR RACE	WIDQN	E. MARRIED. YED. DIVORCED (Specify	Sept. 1, 787	last birthd	ay) Months Days Hours Min.
WOL	k done during most			O OF BUSINESS OR INDUSTRY		State or foreign country)	WHAT COUNTRY
		lliam H. Gat			14. MOTHER'S MA		
(Ye	S. WAS DECEAS	ED EVER IN U. S. ARME (If yes, give wer or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Dr. H.C. You	omas, 300 To t	ADDRESS
ERTIFICATION	DISEASE RISE TO 1 UNDERL'	LEADING TO DEA' is not mean the mode of are, asthenia, etc. It mean complication which of ANTECEDENT CAUS SOR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA SIGNIFICANT CONDITION IS TO THE DEATH, BUT ISEASE OR CONDITION	of dying, e. s. ins the diseas aused death	(B)Hyp.T.	The state of the state of		dieses 10 yrs =
CALC			98. MAJOR	FINDINGS OF OPE			20. AUTOPSY7
MEDIC		DENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., ferm,factory,street,office bldg.			City, give exact location)
	F INJURY	(Month) (Day) (Year		21E. INJURY OCCURE WHILE AT NOT WHILE WORK AT WORK	:	INJURY OCCUR?	
	deceased a	y certify that I att	tended the	and that death occu		, from the causes an	d on the date stated above
2	23A, SIGNA	Jobert U). ZI	ALL M. D.	//03 数十.	Paul St.	mas. 25, 1952
TI	on, REMOVAL (S	Specify) 3/27/5	a	Creen Mount		Baltimore,	ADDRESS
	OCAL REGIST		SIGNATO	5,200		2. Qc. 1217 St.	
1	MARSASO	Hunti	rators 1	Well-aus No			

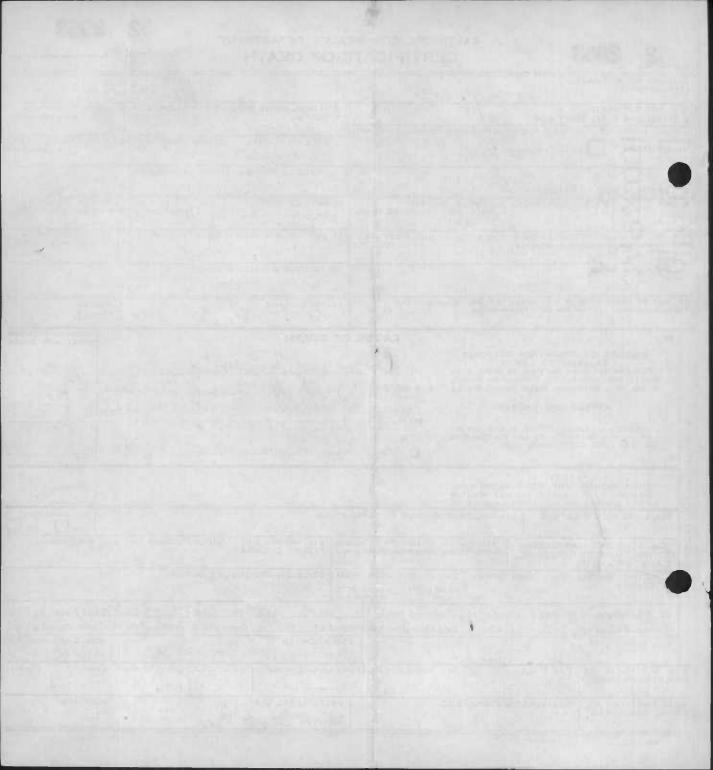


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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE (Type or Print) DEATH March 25. Margaret A. Coale 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: B. COUNTY A. Baltimore City, Maryland A. STATE before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 2030 Winisor Avenue township) Raltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 2930 Windsor Evenue c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH If Under 1 Year 5. SEX 9. AGE (In years) If Under 24 Hours last birthday) Months: Days Hours: Min. famile July 12, 1872 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givokind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? work done during most of working life, oven if retired) INDUSTRY own home Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Leter James Doran Marianne Callow 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yos, givo war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Lewis P. Coale. 1208 Number Street INTERVAL BETWEEN CAUSE OF DEATH 18. 20.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. RTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. $\bar{\upsilon}$ 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES DICAL 21c. WHERE DID 218. PLACE OF INJURY (e.g., is or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout homo, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 1D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? NOT WHILE WHILE AT toward, 1940 to March 25 195 What I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on Marcel, 1951, and that death occurred at 2.30 Am., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE 23B. ADDRESS ann 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24A. BURIAL CREMA-TION, REMOVAL (Specify) 24B. DATE Woodlawn. 20/50 Maryland ווייי נוכל Woodlawn Cemeterry 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR Paul Strout

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BALTIMORE CITY HEALTH DEPARTMENT

Revistered NaO 5 A

CERT	IFICATE OF DEATH
1. PLACE OF DEATH: (a) Baltimore City, Maryland (b) Street address 531 N. 5TR1CK4	2. USUAL RESIDENCE OF DECEASED: (a) State MQ (b) County.
(c) Hospital or institution: (l) Length of stay in hospital or inst. (yrs., mos., or days	(c) City or town 150/10 (If outside city or town limits, write RURAL and give town (d) Street No. 53/1/10/10/10/10/10/10/10/10/10/10/10/10/1
(2) Length of stay in Baltimore (yrs., mos., or days)	(e) Citizen of foreign country?
3 (a) FULL NAME ELIZA BETH	MCKENNEY
3 (b) If veteran, name war 3 (c) Social Securi	MEDICAL CERTIFICATION 20. DATE OF DEATH. 22. 1952, at 2:301
4. Sex 5. Color or race 6 (a) Single, married, we divorced with the way of 6 (b) Name of husband or wife Matthew Mat	21. I certify that death occurred on the date above stated; that I atte ed deceased from Man. 1219.57. to 3-2219.5
7. Birth date of deceased (mo., day, yr.) 8. AGE; Years Months Days If less than o	years Immediate cause of death Duration 886 CEREBRAL HEMORRHAGE ?
9. Birthplace Esses Co- 900 - (Town, county, and state)	Due to Due to DISEASE Due to Due to DiseasE
10. Usual Occupation 1000 86 WITE 11. Industry or business	Other Conditions
12. Name John Saunders 13. Birthplace	(Include pregnancy within 3 months of death) Date of operation
14. Maiden Name Elizabeth	Major findings of operation: cause to wideath shoul charged str
16 (a) Informant da Taylor (b) Address 129 5 11 J. 1411 A	of autopsy: 22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide

(b) Address

Every item of information shou write the causes of death clearly

Every

UNFADING INK. Physicians: please

WITH important.

PLEASE WRITE

(Burial, cremation, or removal

(c) Cemetery or crematory. 200

Location.... 18 (a) Funeral director

(e) Means of injury...

(b) Date of occurrence...... (c) Where did injury occur?.

(Specify type of place)

(d) Did injury occur about home, on farm, industrial place, in public

(City or town) (County)

......While at work?

Address 1824 W. Freakl - 1 Date signed 3-22.5

INSTRUCTIONS FOR MEDICAL CERTIFICATION



WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words due to and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

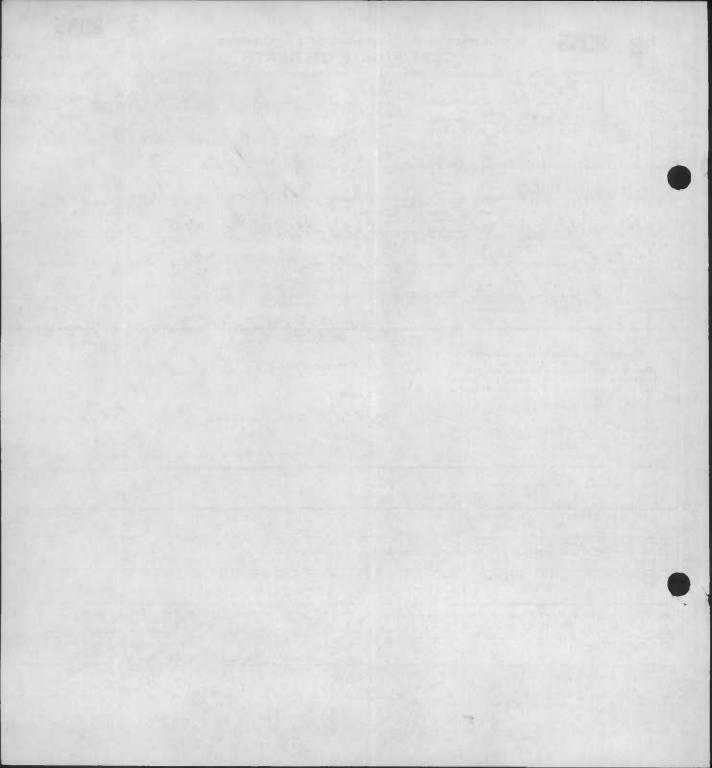
If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see PHYSI-CIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION issued by the U.S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

VS 150

Registered No-2. DATE DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence B. COUNTY before admission) (If outside corporate limits, write RURAL and give (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED II Under 1 Year last birthday) Months; Days Hours; Min. WIDOWED, DIVORCED (Specify) ADMIIO 1896 55

M. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekindof) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY INDUSTRY OMPST 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 1b. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or anknowo) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO AINTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED lil TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY CA YES 218, PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER Ճ LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21E. INJURY OCCURRED | 21F. HOW DID INJURY OCCUR? 1D. TIME (Month) (Day) (Year) (Hour) F INJURY WHILE AT AT WORK WORK 22. I hereby certify that I attended the deceased from any 27-5, 12, to3-22-5 249, that I last saw the deceased alive on 3-72-52 19 and that death occurred at. m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24C NAME OF CEMETERY OR 24A. BURIAL, CREMA-TION, REMOVAL (Specify DATE RECEIVED BY FUNEBAL REGISTRAN'S SIGNATURE ADDRESS DIRE LOCAL REGISTRAR 7 9 1205 mertington

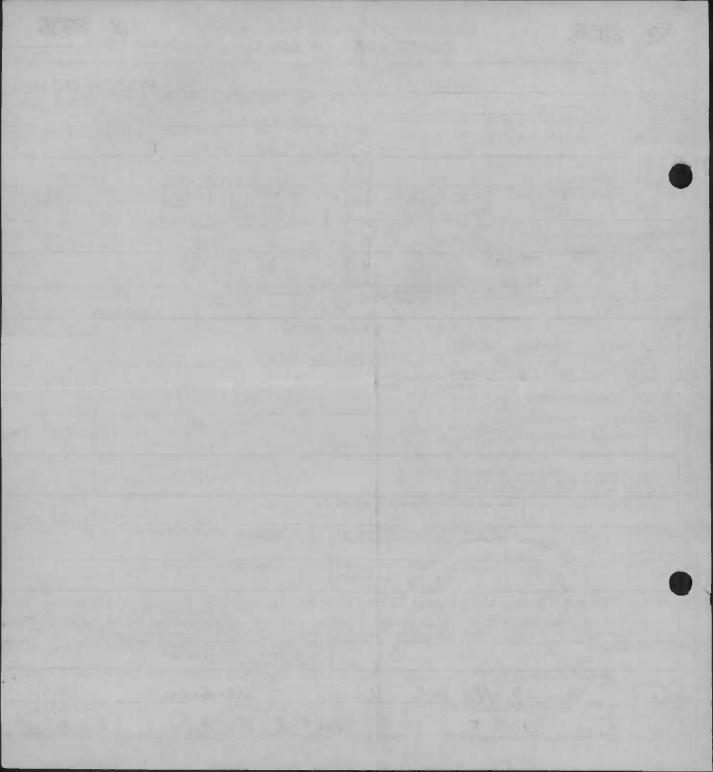


BALTIMORE CITY HEALTH DEPARTMENT

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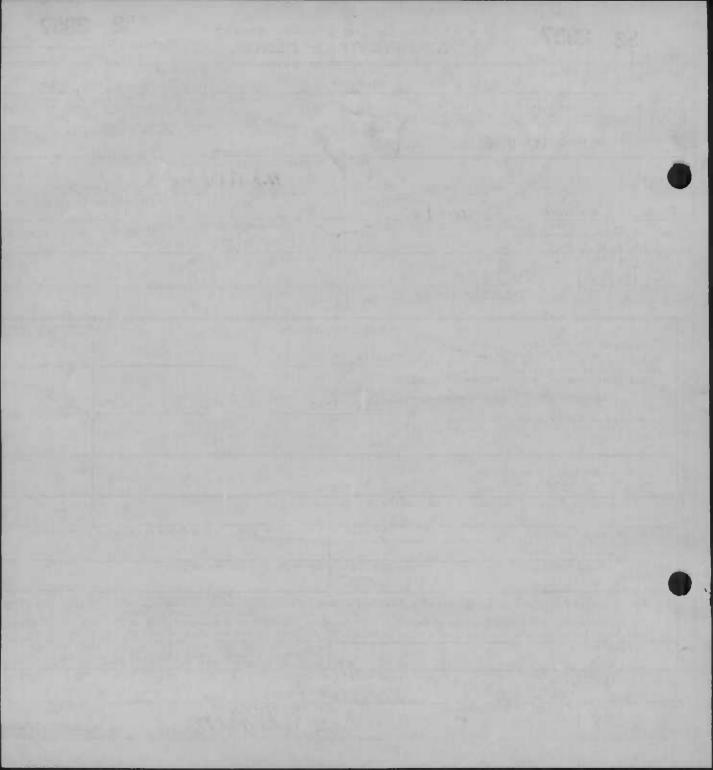
CERTIFICATE	E OF DEATH Registered No.	
BIRTH NO.		
t. NAME OF DECEASED (Type or Print) WALTER WRIGHT	2. DATE OF March 23, 19	52
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: feside B. COUNTY before adm	
B. FULL NAME OF (1) not in hospital or institution, give street address or HOSPITAL OR location)		
INSTITUTION University Hospital	c. CITY OR TOWN (If outside corporate limits, write RURAL at town	nd giv
Yrs.	D. STREET ADDRESS (If rural, give location)	
ength of stay in Baltimore Mos. Days	592 Greenwillow Street	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (In years 1 Under Year 10 Under Year Hours Hours	24 Hours
Male Colored Marying	Mpr 1 27, 1894 57	
10A. USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS OR work dope duripe most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT CQU	
LOPOTON ICONSTRUCTION	Barro, 1/a, 14.8.a	-
13 RATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED PORCES? 16. SOCIAL	17. INFORMANT ADDRESS	
(Yes, tofor unknown) (If yes, give war or dates of service) SECURITY NO.	Edith Whight Eas Throng I	CH
18. 4 , , , CAUSE C	OF DEATH	TWEE
DISEASE OR CONDITION DIRECTLY	ONSET AND	DEATI
(This does not mean the mode of dying, e.g., (A) Arteric	osclerotic Cardiovascular Disease	
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)		
(C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED		
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA		SY?
214 EXTERNAL CAUSE WAS 218. PLACE OF INJURY (e.g., in		NO L
21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.		
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?	
OF INJURY		
22. I certify that I took charge of the remains described as	bove, held an partial autopsy thereon and	fron
	Autopsy, Inspection or Inquiry nquiry, find that said deceased died on the day stated of	
and death in my opinion resulted from: natural causes	\(\frac{1}{2}\), accident \(\sigma\), suicide \(\sigma\), homicide \(\sigma\), undetermined \(\sigma\)].
23A. SIGNATURE RATE	238 CHIEF MEDICAL EXAMINER 2 23C. DATE SIGNED ASSISTANT MEDICAL EXAMINER 3/24/52	5
24a. BURIAL, CREMA- 24b. DATE 24c. NAME OF CEMETER		State)
Burial Mar. 27, 1952 Mt. Les	n Landadoun, ma	- 1
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS 323	-A.
1 9 5 2 0 10	no. Kate (K. Williams) Schroder:	the
V S 151		
9706	44	

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VS 151 Hantington Walliams

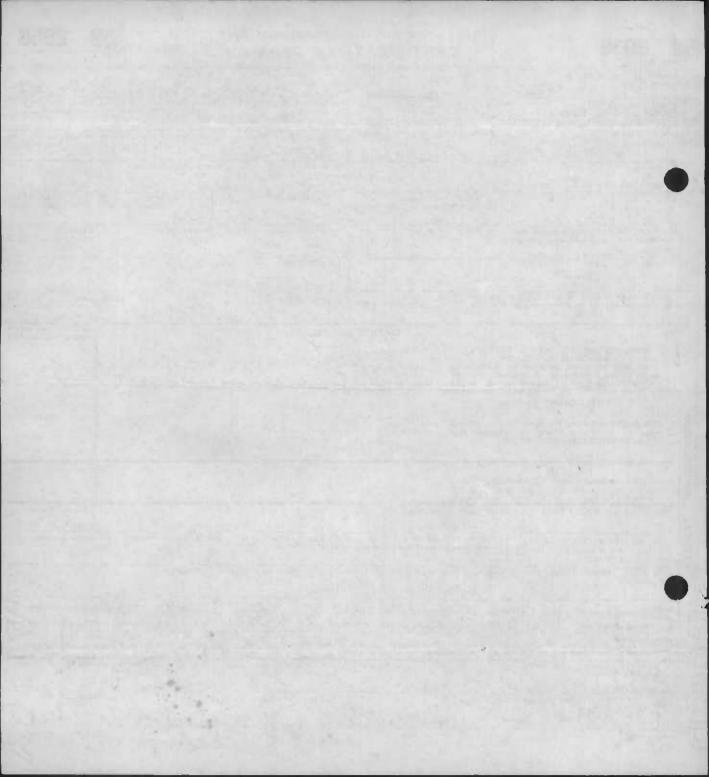
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

istered No. 2 2958

16		AIL	OF DEATH	registered	110,-	
	RTH NO.					
	NAME OF DECEASED Makey English	the	Elikow	2. DATE OF DEATH	web 2	4/500
A.	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE	Where deceased lived, B. COUNTY		residence re admission)
HC	FULL NAME OF (If not in hospital or institution, give street add OSPITAL OR loc STITUTION	cation)	C. CITY OR TOWN (lf outside corporate lin	nits, write RU	RAL and give
1	434 6 Lalaville (100		Lattemore	- 1	/	
	ength of stay in Baltimore	Yrs. Mos.	D. STREET ADDRESS (1)	1	Cerc	
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	Days	8. DATE OF BIRTH	9 AGE (In years)	If Under 1 Year	If Under 24 Hours
4	widowed, Divorced ((Specify)	Nec. 15. 1881	last birthday)	Months Days	Hours: Min.
10	A. USUAL OCCUPATION (Givekind of) 108. KIND OF BUSINESS	OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZ	EN OF COUNTRY?
~ 01 2	Aprilled a	USIKI	Baltimare	Md	WIN	COOMING
13	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
	Ithm Tunglord		Unknow	w		
15 (Yes	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 8. no or unknown) (If yes, give war or dates of service) SECURITY	NO.	17. INFORMANT	Po de la se	ADDRESS	1
			- proson	(-07 W 43	LINTER	AL BETWEEN
	7421	USE C	OF DEATH	0.	ONSET	AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	16	astano de	10-11		
	(This does not mean the mode of dying, e.g., (A)	4/2	and wards	mono		Ma.
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO		rascula	Disease	2 /	//
	ANTECEDENT CAUSES	6				
7						
0	DISEASES OR CONDITIONS, IF ANY, GIVING					
E	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.				100	
ERTIFICA	(C)					***************************************
E	11					
F	OTHER SIGNIFICANT CONDITIONS CON-					
O E	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
	194. DATE OF OPERATION 198. MAJOR FINDINGS OF	OPER	ATION		20.7	AUTOPSY?
AL	A CONTRACT OF THE PARTY OF THE				YES	NO L
EDICAL	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY about home, farm, factory, atreet, offi CAUSE OF DEATH			(If in Baltimore City	, give exact	location)
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OC	CCURRE	D 21F. HOW DID INJU	RY OCCUR?		
		T WHILE				
h	22. I hereby certify that I attended the deceased from		17 19.0210	3-24,19	5 2 shat I !	last saw the
	deceased alive on 3-26, 1952 and that death	h oceur				
	23A. SIGNATURE		3B. ADDRESS / /	0111 -	1 23c. DA	TE SIGNED
	W. Cewel Jones		55400	John /	13-	25-52
	4A. BURIAL, CREMA- ON REMOVAL (Specify)	EMETER	RY OR CREMATORY 240.	COCATION (City, to	vn, or county)	(State)
_	ATÉ RECEIVED BY I REGISTRAR'S SIGNATURE	MI I	25 FUNERAL DIRECTOR	2 your	ADDRES	S
L	MAR 26 1952 Hantington Williams	MAT.	onra Alte	A. Elise	Town.	gleter
-	VS 150		112971	Markey	161	



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52		29	59
DIDT	II N	20	00

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 2959
Registered No.

B	RTH NO.						
1. (T	NAME OF DECEASED TO A		Fleet		2. DATE OF DEATH	MAR :	2.4 1952
	PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESIDENCE (V	Where deceased live B. COUNT		tution: residence before admission)
В.		tal or institut	ion, give street address or location)	c. CITY OR TOWN (If		of the	17
IV	JOHNS HOP	KINS HO	SPITAT	Baltin	n 4 0) Test, VI	township)
7	3011113 1101	14110 110	Yrs.	D. STREET ADDRESS (If	rural, give locatio	n)	
6	Length of stay in Baltimore		Mos. Days	15-17 E.F	presto	N.	st.
5.	SEX 6. COLOR OR RACE		E. MARRIED, PED, DIVORCED (Specify)	8. DATE OF BIRTH 2-5-73	9. AGE (In year	rs If Under	Days Hours Min.
1	A. USUAL OCCUPATION (Give kind of a doos during most of working life, even if retired)	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or for	oreign country)		CITIZEN OF WHAT COUNTRY?
	Housewife		INDUSTRI	Baltemore	e ma		WHAT COUNTRIL
13	FATHER'S NAME			14. MOTHER'S MAIDEN N	AME		
4.5	Lev Murray			Anna From	nd		V
(Ye	. WAS DECEASED EVER IN U.A. ARME (If yes, give car or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT JOHN	S HOPKINS	Набвн	rist
	18. 22.4		CALISE	OF DEATH			INTERVAL BETWEEN
	DISEASE OR CONDITION	DIRECTLY		4			ONSET AND DEATH
	(This does not mean the mode	TH	(A) ? Cer	ebral Vascular	accide	nt	3 days
	heart failure, asthenia, etc. It mes injury or complication which	ing the digeas caused death	e, .) DUE TO				
	ANTECEDENT CAUS	SES	A A				
NO	DISEASES OR CONDITIONS, I		(B)	er'oseleros is	***************************************		4223
F	RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	STATING TH	E DUE TO				
CA	ONDERENING CONDITION EX	131,	(C)		••••••		
TIF	11						
ERT	OTHER SIGNIFICANT CONDITRIBUTING TO THE DEATH, BUT	NOT RELATE	o lande	2 Phones	24.6		
Ü	19A. DATE OF OPERATION 1		FINDINGS OF OPER	ATION	(20. AUTOPSY?
CAL	TOAL DATE OF OF ERAPION	ISB. MASON	111011100 01 01 11	ATTOR			YES NO
EDIC	21A. ACCIDENT WAS UNDER- LYING☐ OR CONTRIBUTING☐ CAUSE OF DEATH	21B. PLA about home, f	ACE OF INJURY (e. g., i erm, factory, street, office bldg.,	n or 21c. WHERE DID () oto.) INJURY OCCUR?	If in Baltimore C	City, give	exact location)
	PID. TIME (Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?		
	FINJURY	m.	WHILE AT NOT WHILE				
	22. I hereby certify that I at	tended the	-	- R/- 195213-	24-	195 21h	at I last saw the
۱	deceased alive on 3 - 24-	, 1952	and that death occur	rred at // Pm., from t	he causes and	on the de	ate stated above.
	23A. SIGNATURE	J. O.	M. D.	JOHNS HOPKI	NS HOSPITA	23	C. DATE SIGNED
Z/ TIS	AA. BURIAL, CREMA- 24B. DATE	1,	24C. NAME OF CEMETE	RY OR CREMATORY 24D, L	OCATION (City,	town, or co	enty) (State)
3	Surial 3/12	2 1/4	rus, Fraktison	12 Cemila,	A. GOU	and	A
L	MAR 26 1952 Junting	on Wit	liams, M.J.	M. A. A. A.	Elist 4	DE	PRESS
	VS 150		,	4112911	Pars	Phile	0.18

Housest Spriend to Row Low A. A. Edwards ... Spriet of the State of the Control of the Co Bressink

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 2. DATE (Type or Print) OF March 24, 1952 REYNOLDS DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF of not in hospital or institution, give street address or Maryland HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION township) 835 W. 36th Street Baltimore o. STREET ADDRESS (If rural, give location Yrs. ife Mos. ength of stay in Baltimore 4034 Roland Avenue Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | | Under | Year | | Under 24 Hours | last birthday | Months: Days | Hours | Min. If Under 1 Year | If Under 24 Hours WIDOWED, DIVORCED (Specify white male Fraud 10B. KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Bultimore No. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Louise Rollman ...illiam A. Reynolds 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO Joseph B. Rem lis Land Holland Street INTERVAL BETWEEN 18 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Coronary artery sclerosis heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) . DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. FICA 11 OTHER SIGNIFICANT CONDITIONS CON-RTI TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT Ш 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT YES X 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB UTING | CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK 22. I certify that I took charge of the remains described above, held an _ thereon and from Autopsy. Inspection or Inquiry

24A. BURTAL. CREMA-TION, REMOVAL (Specify) DATE RECEIVED BY LOCAL REGISTRAR

23A. SIGNATURE

REGISTRAR'S SIGNATURE

24B. DADE

the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident □, suicide □, homicide □, undetermined □.

44c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county)

23c. DATE SIGNED

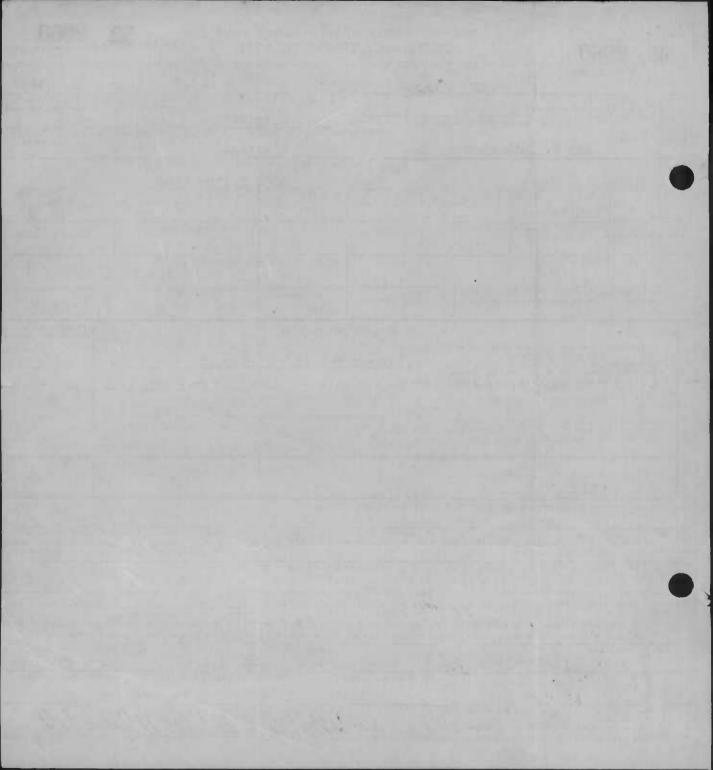
March 25,

25, FUNERAL DIRECTOR ADDRESS

238. CHIEF MEDICAL EXAMINER.

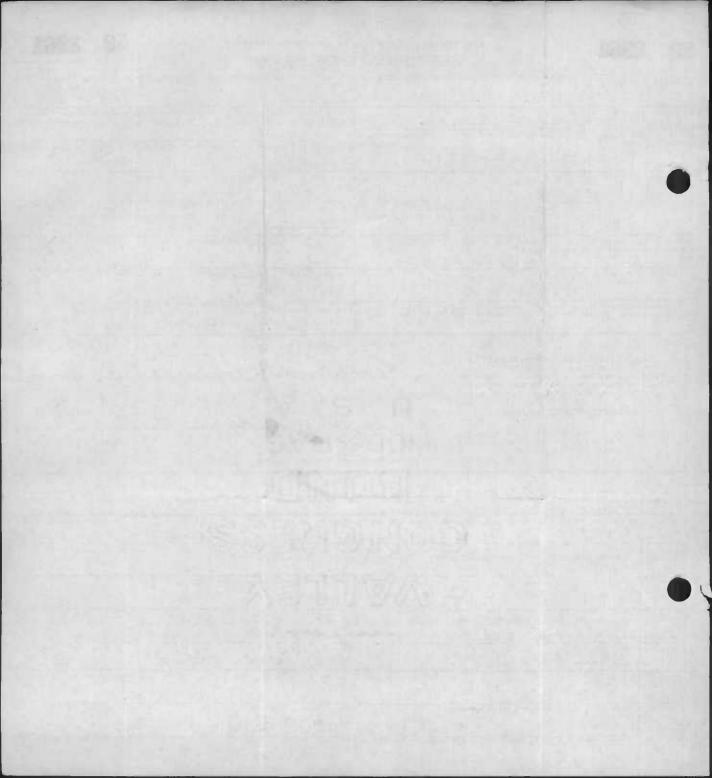
ASSISTANT MEDICAL EXAMINER

MEDICAL INVESTIGATOR

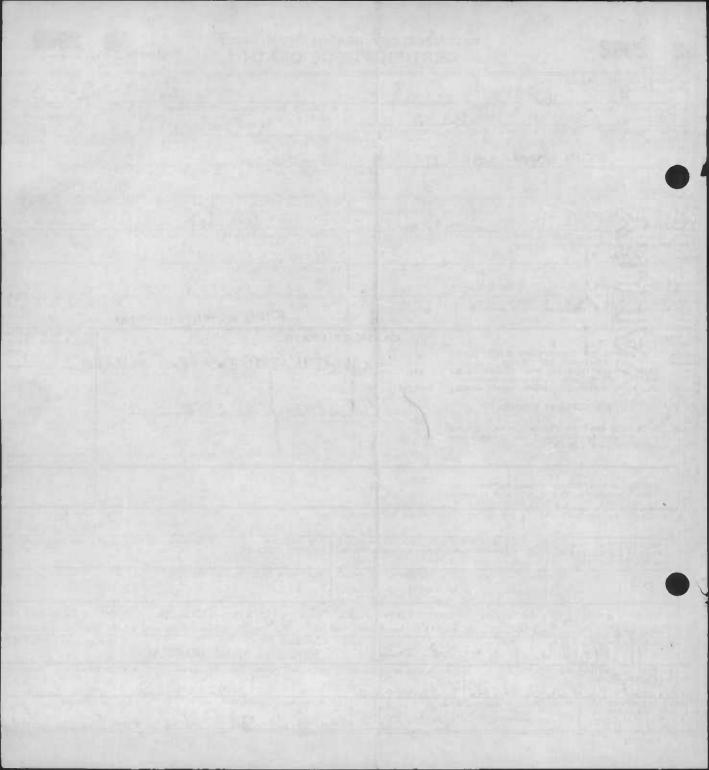


BALTIMORE CITY HEALTH DEPARTMENT

			CERHFIC	$\Delta T E$	E OF DEATH	Registered	.\0
BIRTH NO.			021(11110)				
1. NAME OF DECE. (Type or Print)		ide J. 1	orotti			2. DATE OF DEATH	/25/52
3. PLACE OF DEAT A. Baltimore City,	Maryland 2				4. USUAL RESIDENCE (V	Where deceased lived, 1 B. COUNTY	f institution : residence before admin ion
B. FULL NAME OF HOSPITAL OR INSTITUTION		P	d.	ss or tion)		outside corporate lim	its, write RPRAL and giv
1,000	2027 Amar	DULIS H			Telti ore	41	
c. Length of stay	in Baltimore		TO W	Ios. Oays	2027 Ann polis	1 3/	
5. SEX 6. C	OLOR OR RACE		MARRIED.		8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year If Under 24 Hours
	White	14	rried (Sp			about 66	onths Days Hours Min.
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	Joseph Jo	protti			Fortunati Sichn	ni	
15. WAS DECEASED EX (Yes, ao or unknown) (I	/ER IN U.S. ARME!	FORCES?	16. SOCIAL SECURITY N		17. INFORMANT		ADDRESS
		,	SECONTITION	0.	Joseph J. Pornt	ti 3907	rhaven Ave.
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D. TIME (Mon	th) (Day) (Year		21E. INJURY OCC		2 1F, HOW DID INJURY	Y OCCUR?	
22. I hereby co deceased alive 23A. SIGNATURI	on 3.25	, 1952,	deceased from_	ecur 2:	24, 195 Qto red at 11:30 pm., from t. 38. ADDRESS 122) Wash.	he causes and on	
24A. BURIA CREM TION, REMOVAL Specif	A- 248. DATE	V	24c. NAME OF CEM	TETER		OCATION (City, town	n, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR MAR 2 6 195		SSIGNATU	Holy Oros RE	1	25 FUNERAL DIRECTOR	ing Son 803	ADDRESS M. Galvoy Sf
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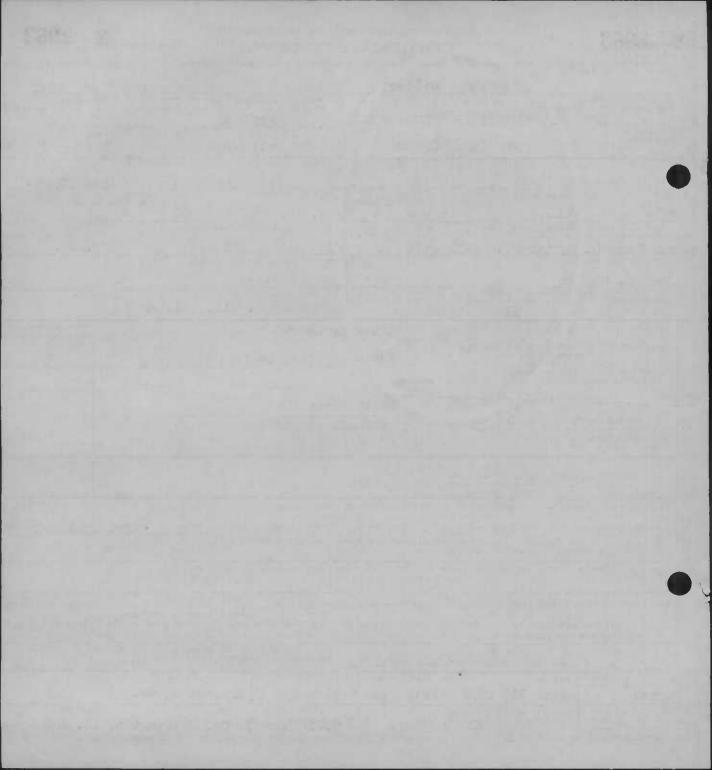
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 52 2963

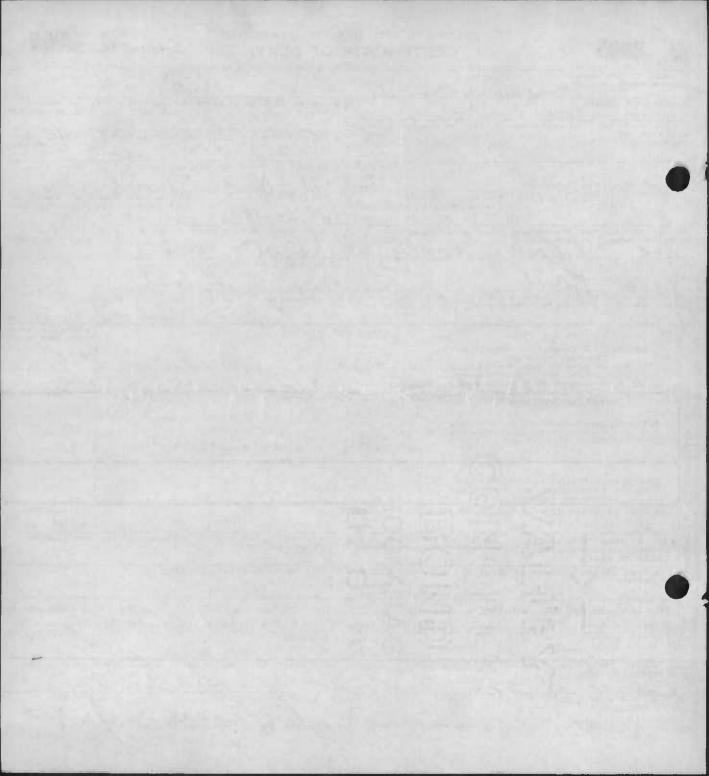
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13. FATHER'S NAME		14. MOTHER'S MAIDEN N.		
Joel A. Miller		Rena Roberts		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL	17. INFORMANT	ADI	RESS
(Yes, no or unknown) (If yes, give war or dates of service) Yes War II	unknown	Margaret E. Wil		
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	R FINDINGS OF OPER	RATION		20. AUTOPSY?
land land				YES NO
() 21a. EXTERNAL CAUSE WAS 21B. PI	LACE OF INJURY (e. g., i		If in Baltimore City, give	
O UNDERLYING OR CONTRIB. about hom	e, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
Z 21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	COCCUR?	
OF INJURY	WHILE AT NOT WHILE		OCCORT	
m.			- O	
22. I certify that I took charge of th	e remains described o		Inspection or Inquiry	thereon and from
the evidence obtained by said Au	topsy, Inspection or			day stated above,
and death in my opinion resulted	from: natural cause			
23A. SIGNATURE	. 0 0	23B. CHIEF MEDICAL ASSISTANT MEDICAL	EXAMINER 23C.	DATE SIGNED
I lanley H. Du	Mocley M	I.D. MEDICAL INVESTIGAT	OR Mar	ch 26, 1952
24A. BURIAL, CREMA: 24B. DATE TION, REMOVAL (Specify)	24C. NAME OF CEMETE		OCATION (City, town, or	county) (State)
Burial March 31, 1952	Arlington N	ational Arli	ngton, Va.	
DATE RECEIVED BY REGISTRAR'S SIGNAT	[] [] [] [] []	25. FUNERAL DIRECTOR		DDRESS
MAR 26:1952 Turting too	Milliams, 10	W.W. Chambers Co	Washington,D	.C. and
V S 151	4		Riverdal	e
	39	1037		



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BI	RTH NO.	1	CERTIFICAT	E OF DEATH	Registered No.	
1.	NAME OF D		abeth Cameron		2. DATE OF DEATH	25, 2052
B. HC	PLACE OF D Baltimore (FULL NAME OSPITAL OR STITUTION	City, Maryland OF (If not in hospit	al or institution, give street address or location)		Where deceased lived, If inst B. COUNTY f outside corporate lights w	before admission)
G.	Length of s	tay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If		
	cmale	6.COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years If Und last birthday) Month	s Days Hours Min.
Mork	A. USUAL OC done during most of	CUPATION (Give kind of for working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (State or f		CITIZEN OF WHAT COUNTRY?
13	FATHER'S N	In C. Russell	3.	14. MOTHER'S MAIDEN N		
15 (Yes	. WAS DECEASE , no or unknown)	D EVER IN U.S. ARMEI (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO.	John P. Kraft,		ress nue
CERTIFICATION	(This does heart failu injury or DISEASE: RISE TO TUNDERLY OTHER STRIBUTING	SE OR CONDITION LEADING TO DEA' not mean the mode of re, asthenia, etc. It mean complication which of ANTECEDENT CAUS OR CONDITIONS, 11 HE ABOVE CAUSE (A) VING CONDITION LA III GONIFICANT CONDITION IS TO THE DEATH, BUT ISEASE OR CONDITION	DIRECTLY TH of dying, e. g., ins the disease, caused death.) DUE TO CLCO SES (B) HITIONS CON- NOT RELATED CAPONIC CONTON CONTO	of DEATH relised erteriose cochezia	deromia	INTERVAL BETWEEN ONSET AND DEATH
	19A. DATE C	F OPERATION 1	98. MAJOR FINDINGS OF OPER	RATION		YES NO W
DA	LYING OF CAUSE OF ID. TIME FINJURY	Month) (Day) (Year) y certify that I att live an CREMA 24B. DATE pecify) D BY REGISTRAR	m. WHILE AT NOT WHILE AT WORK tended the deceased from, 19, and that death occur,, and that death occur,, M. D, M. D, M. D, TO, TO	21F. HOW DID INJUR 22F. H	the causes and on the causes are caused and causes and causes are caused and causes and causes are caused and causes are caused and causes are caused and causes are caused and	hat I last saw the date stated above. 23c. DATE SIGNED county) (State)
<u>IV</u>	AR 2013	175 1/2000	gton Vollaus, his	Am Good Inc	121 000	Paul Street

16	20		
5	2 2965 BALTIMORE CITY HEALTH DEF	- 116 (36)	
	NAME OF DECEASED Spe or Print) Bernard C & Karch	2. DATE OF 3. 25. \$2.	
A.	Baltimore City, Maryland Baltimore 170 A. STATE	RESIDENCE (Where deceased lived. If institution: residence Maryland B. COUNTY before admission)	
H	FULL NAME OF (If not in hospital or institution, give street address or location) STATE OF (If not in hospital or institution, give street address or location) C. CITY OF THE COLUMN STATE OF THE COLUMN ST	TOWN (If outside corporate limits, write RURAL and give	
	Yrs. D. STREET A	ADDRESS (If jural, give location)	
5.	SEX 6, COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF WIDOWED, DIVORCED (Specify)	BIRTH 9. AGE (In years Il Under Year Il Under 24 Hours Inst birthday) Months: Days Hours: Min.	
10	Married Weg. 20	0-1890 61	
Worl	lenk - Mr Vernon Hoodberry hills	alto md WHAT COUNTRY	
1	FATHER'S NAME 14. MOTHER MOTHER MOTHER 14. MOTHER	S MAIDEN NAME	
15 Wo	WAS DECEASED EVENUIN U. S. ARMED FORCES? 16. SOCIAL. 17. INFORM 18. DECEASED EVENUIN U. S. ARMED FORCES? SECURITY NO.	ADDRESS Ph	
1	18. LILLY CAUSE OF DEATH	INTERVAL BETWEEN	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)		
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO		
7	ANTECEDENT CAUSES	.ou	
RTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
FICA	(c) Macisu, 1(c)	avos Lab ns	
lul	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
L C	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?	
EDICAL	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, etreet, office bldg., etc.) CAUSE OF DEATH		
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW	W DID INJURY OCCUR?	
	m. WHILE AT NOT WHILE AT WORK	10 1 10 20 1 10 10 10 11 11 11	
	0.10	, 19, to March 15, 1952, that I last saw the P.m., from the eauses and on the date stated above	
	23A. SIGNATURE. 23B. ADDRESS Morris add a vo M.D. 1014 [1	23c. DATE SIGNED	
2.4 TI	AA. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMA-		
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS			
MAR 26:1959 Juntington Wellisus http & Lugko 5305 Harford A			
	VS 150 390 4F		
	2/0/-		



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or more HOSPITAL OR location (If outside corporate limits write RURAL and give c. CITY OR TOWN INSTITUTION (If rural, give location) Yrs. Mos. ength of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH AGE (In years | H Under | Year | H Under 24 Hours | last birthday) | Months: Days | Hours | Min. AGE (In years) If Under 24 Hours emode married TOA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR BARTHPLACE (State or foreign 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO ADDRESS / (Yes, no or unknown) (If yes, give wer or dates of service) 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY tro-vascular accident LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE QUE TO UNDERLYING CONDITION LAST. (C) .

11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

m.

WORK

YES

20 AUTOPSY?

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or

ebout home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

F INJURY

WHILE ATT NOT WHILE

AT WORK

22. I hereby eertify that I attended the deceased from_

19 52 to

deceased alive on 2. 26, 19, 52 and that death occurred at 16 a.m., from the causes and on the date stated above, 238. ADDRESS 23c. DATE SIGNED

24A. BURIAL, CROMA-248/DATE

laryloud 24C. NAME OF CEMETERY OR CREMATORY

(State) Aup, or county)

19 that I last saw the

DATE RECEIVED BY REGISTRAR LOCAL REGISTRAR

25 FUNERAL DIRECTOR

ADDRESS

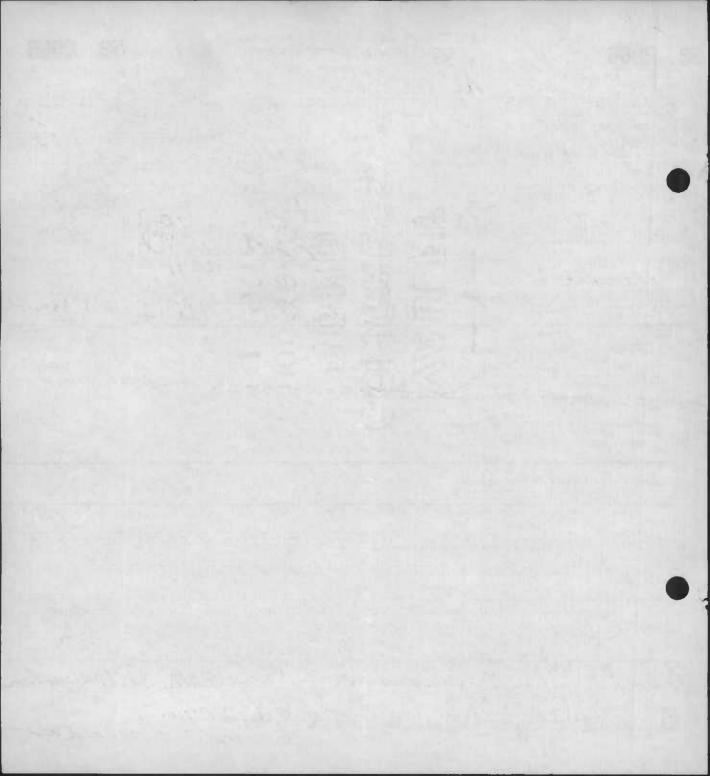
VS 150

23A. SIGNATURE

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DICAL

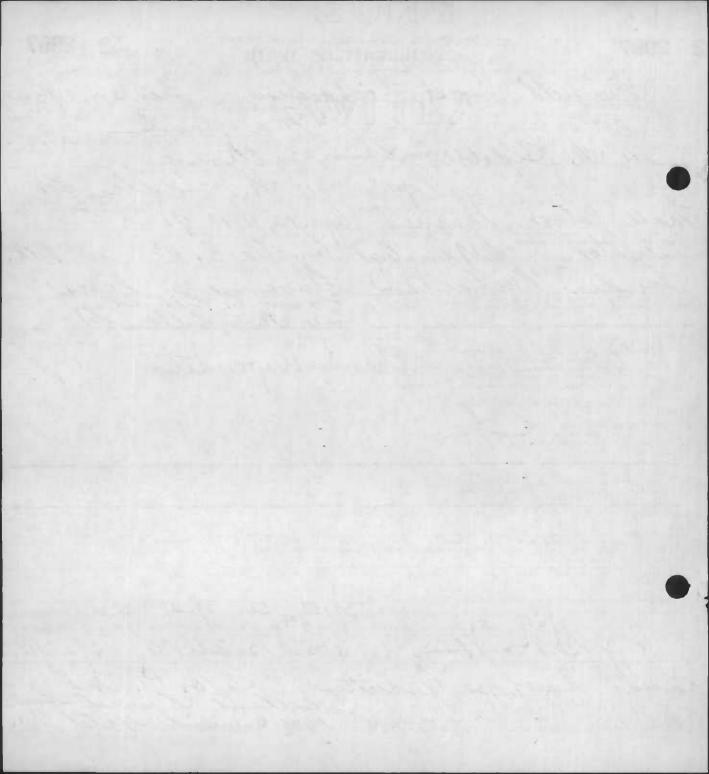
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

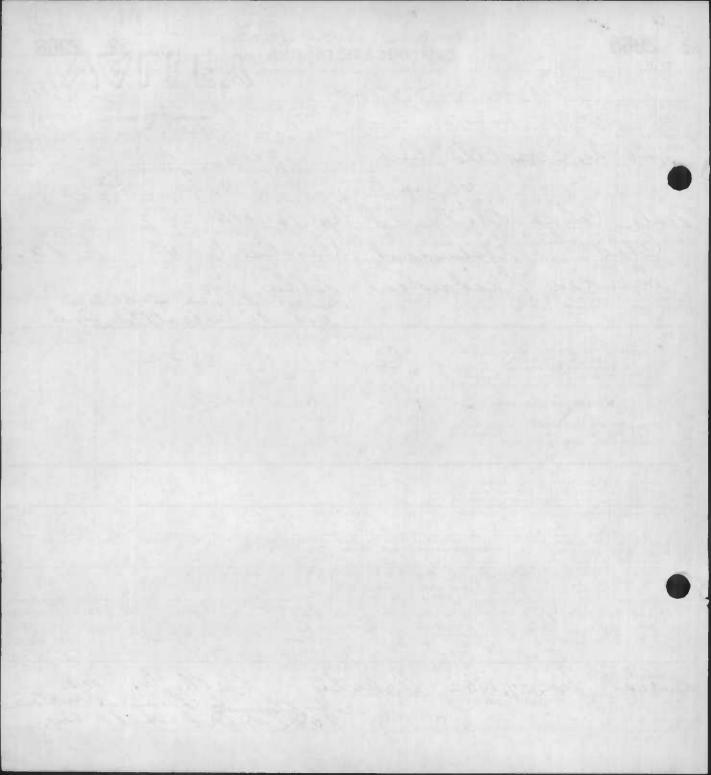
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B. FULL NAME OF HOSPITAL OR INSTITUTION Colly of the property of the proper	1. NAME OF CEASED	
Baltimore City Maryland FULL NAME OF IT (In oil hospital or institution, give street address or HOSPITAL OR IT (In oil hospital) or institution, give street address or HOSPITAL OR IT (In oil hospital) or institution, give street address or HOSPITAL OR IT (In oil hospital) or institution, give street address or HOSPITAL OR IT (In oil hospital) or institution, give street address or HOSPITAL OR IT (In oil hospital) or institution, give street address or HOSPITAL OR IT (In oil hospital) or institution, give street address or HOSPITAL OR IT (In oil hospital) or institution	SINTILLA VINCENT TOURALORNI DESMAN	1. 24. 1952
HOSPITAL OR INSTITUTION Country	A. Baltimore City, Maryland B. Coupe	ed. If institution residence Y before admission)
OF STREET ADDRESS (If rural, give location) Yes, D. STREET ADDRESS (If rural, give location) S. SEX G. COLOR OR RACE 7. SUBJUE MARRIED. Days G. D. STREET ADDRESS (If rural, give location) 10 JUSUAL OCCUPATION (Giv-kind of 10 b. INND OF BUSINESS OR Widowed Dubdrector specify with dead during montal springly specify of the production of the color of the	HOSPITAL OR	limits, write RITRAL and give
ength of stay in Baltimore 5 SEX 6. COLOR OR RACE 1. SIMPLE MARRIED WISCOMED DIVORCED PROSTRY INDUSTRY 10 BIRTHALE (State or foreign country) 11 MOTHER S MAIDEN NAME 12. CITIZEN OF WHAT COUNTRY WHAT COUNTRY WHAT COUNTRY WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DICEASED EVER IN U. S. ARRED FORCES? (Yes, no or unknown) 16. CAUSE OF DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO DISEASES OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS 19. DATE OF OPERATION 19. MAJOR FINDINGS OF OPERATION 19. ADATE OF OPERATION 19. MAJOR FINDINGS OF OPERATION 19. ADATE OF OPERATION 19. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? VES NO VES NO 21. ACCIDENT WAS UNDER. 21. PLACE OF INJURY (e.g., in or CAUSE DISTRIBUTION) 22. AUTOPSY? VES NO WILL ACCIDENT WAS UNDER. 21. ACCIDENT WAS UNDER. 21. ACCIDENT WAS UNDER. 21. MAJOR CONTRIBUTING 22. AUTOPSY? VES NO WILL AT I dest sene to deceased alive on 12. 4, 10.5 That I last sene to deceased alive on 12. 4, 10.5 That I last sene to deceased alive on 12. 4, 10.5 That I last sene to deceased alive on 12. 4, 10.5 That I last sene to deceased alive on 12. 4, 10.5 That I last sene to deceased alive on 12. 4, 10.5 That I last sene to deceased alive on 12. 4, 10.5 That I last sene to deceased alive on 12. 4, 10.5 That I last sene to deceased alive on 12. 4, 10.5 That I last sene to deceased alive on 12. 4, 10.5 That I last sene to deceased alive on 12. 4, 10.5 That I last sene to deceased alive on 12. 4, 10.5 That I last sene to deceased alive on 12. 4, 10.5 That I last sene to deceased alive on 12. 4, 10.5 That I last s		township)
5. SEX 6. COLOR OR RACE 7. SINGLE MARRID WINEOWED DIVERCED EMBERTY WINEOWED DIVERCED EMBERTY OF SINGLE STATE OF BIRTH 1. S. AGE IN your 1. Bloom I have been wined with the control of the	Mos. Mos.	n) / //
DOLUSIAL OCCUPATION (Girkinstof 108, KIND OF BUSINESS OR 108, KIND OF BUSINESS OR 11 DUSTRY 1 MOUSTRY 1 MO		rs II Under 1 Year II Under 24 Rouse
INDUSTRY AND PIECES AND PI	male Colorce Married Upl. 12. 1881 71) Months Days Hours Min,
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, poor unknown) 16. The Disease of Condition Directly (Eading and the deceased alive on a property of the Disease of Service) 17. CAUSE OF DEATH CAUSE OF	work done during most of marting fifty, even if retired) INDUSTRY	
18. CAUSE OF DEATH INTERVAL BETWEE ONSET AND DEATH LEADING TO DEATH CAUSE OF DEAT		w.s.a.
18. CAUSE OF DEATH INTERVAL BETWEE ONSET AND DEATH LEADING TO DEATH CAUSE OF DEAT	Touden Richardem Fluvannah	dans
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DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION LAST. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bidg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR? WHILE AT NOT WHILE AT NOT WHILE AT NOT WHILE AT WORK AT WORK 22. I hereby certify that I attended the deceased from deceased alive on 3724 1952 and that death occurred at 15 pm., from the causes and on the date stated above deceased alive on 3724 1952 and that death occurred at 15 pm., from the causes and on the date stated above	211 M. Biddle	M.
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) 12A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) 13D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR? 21B. PLACE OF INJURY (e.g., in or INJURY OCCUR? ANTECEDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in or INJURY OCCUR? 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in or INJURY OCCUR? ANTECEDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in or INJURY OCCUR? 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in or INJURY OCCUR? 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in or INJURY OCCUR? 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in or INJURY OCCUR? 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in or INJURY OCCUR? 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in or INJURY OCCUR? 21B. PLACE OF INJURY (e.g., in or INJURY OCCUR? 21C. WHERE DID (If in Baltimore City, give exact location) 10JURY OCCUR? 21B. PLACE OF INJURY OCCUR? 21C. WHERE DID (If in Baltimore City, give exact location) 22C. AUTOPSY? YES NO ANTECEDENT CAUSE. 10 ACCURATE DID (INJURY OCCUR?	711	ONSET AND DEATH
ANTECEDENT CAUSES ON ANTECEDENT CAUSES (B)	(This does not mean the mode of dving e.g., (A) (MANUE MUTCANAIL)	141
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE MORE AT WORK 1957, to 3/24/ 1957 that I last save the deceased alive on 3/24 1957 and that death occurred at 15 mm., from the causes and on the date stated above	heart failure, asthema, etc. It means the disease,	//
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A), STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20 AUTOPSY? YES NO 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from. 315 195 to 324 , 195 2 that I last save the deceased alive on 372 1952 and that death occurred at 45 pm., from the causes and on the date stated above	ANTECEDENT CAUSES	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20 AUTOPSY? YES NO LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY OCCUR? INJURY 22. I hereby certify that I attended the deceased from Not while AT WORK AT WO	Z DISEASES OR CONDITIONS, IF ANY, GIVING	
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OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20 AUTOPSY? YES NO 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR? WHILE AT NOT WHILE MAT NOT WHILE WORK 21 AT WORK 22. I hereby certify that I attended the deceased from 315 to 324 , 1952 that I last save the deceased alive on 312 and that death occurred at 45 km., from the eauses and on the date stated above	(C)	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISFASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20 AUTOPSY? YES NO 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 1NJURY OCCUR? INJURY 22. I hereby certify that I attended the deceased from 315 1952 to 324 , 1952 that I last save to deceased alive on 3122 1952 and that death occurred at 45 m., from the eauses and on the date stated above		
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) TINJURY 22. I hereby certify that I attended the deceased from deceased alive on 3/22 and that death occurred at 4 2 2 m., from the eauses and on the date stated above	TRIBUTING TO THE DEATH, BUT NOT RELATED	
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg, etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from deceased alive on 372 and that death occurred at 4 2 m., from the causes and on the date stated above	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
22. I hereby certify that I attended the deceased from 3/15/1957 to 3/24/, 1952 that I last saw the deceased alive on 3/22/ 1952 and that death occurred at 4/2 pm., from the causes and on the date stated above	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or 21C. WHERE DID (II in Baltimore C LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR?	ity, give exact location)
22. I hereby certify that I attended the deceased from. 3/15/1957 to 3/24/, 1952 that I last saw to deceased alive on 3/22/, 1952 and that death occurred at 4/2 pm., from the causes and on the date stated above	FINJURY	
deceased alive on 3/22/ 1952 and that death occurred at 19 m., from the causes and on the date stated above		
The France of the section of the sec	WHILE AT NOT WHILE	1952that I last saw the
	22. I hereby certify that I attended the deceased from 315, 1952 to 3/24, 1	
() 1 Tack Tains 450 W. / Istally 87 8/26/5	22. I hereby certify that I attended the deceased from 315, to 324, 1 deceased alive on 322, and that death occurred at 45, m., from the eauses and the deceased alive on 322, and that death occurred at 45, m., from the eauses and the deceased alive on 322, and that death occurred at 45, m., from the eauses and the deceased alive on 322, and that death occurred at 45, m., from the eauses and the deceased alive on 322, and the death occurred at 45, m., from the eauses and the deceased alive on 322, and the death occurred at 45, m., from the eauses and the deceased alive on 322, and the death occurred at 45, m., from the eauses and the deceased alive on 322, and the death occurred at 45, m., from the eauses and the deceased alive on 322,	
24a. BURIAV EREMA- TION, REMOVED (Specify) May 2 1 1952 (State Company) May 2 1 1952 (State Company) May 2 1 1952	22. I hereby certify that I attended the deceased from \$\frac{15}{25}\$, to \$\frac{5}{24}\$, 1 deceased alive on \$\frac{3}{21}\$, 1952, and that death occurred at \$\frac{9}{25}\$ pm., from the eauses and a \$\frac{23A.}{25}\$. SIGNATURE \$\frac{3}{25}\$. ADDRESS.	on the date stated above.
DATE RECEIVED BY REGISTRAR'S SIGNATURE. LOCAL REGISTRAR MAD 2 C 1000 The function of the content of the cont	22. I hereby certify that I attended the deceased from 315, 1952 to 324, 1952 and that death occurred at 1972, from the eauses and of 23A. SIGNATURE 23A. SIGNATURE 23B. ADDRESS M. D. 450 W. BILLER 24A. BURIAY FREMA: 245 DATE 24C. NAME OF CEMETERY OR CREMATORY 24D LOCATION (City)	3/26/52
MAN LO BULL WILL WILL WILL WILL WILL WILL WILL W	22. I hereby certify that I attended the deceased from 15 195, to 424, to deceased alive on 121 1952 and that death occurred at 1 pm., from the causes and a 23A. SIGNATURE 23B. ADDRESS 23B. ADDRESS 23B. ADDRESS 24A. BURIAY FREMA 24D DATE 24C NAME OF CEMETERY OR CREMATORY 24D LOCATION (City 100). REMOVED ISDOCAY) DATE RECEIVED BY REGISTRAR'S SIGNATURE. 25 ENVERANDRECTOR	3/26/52



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered 20, 2968

BIRTH NO.				
1. NAME OF DECEASED MANUAL A. TURE 2. DATE OF DEATH 32 L-	-57			
3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE // () D. B. SONTY	ion : residence before admission)			
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR IOCATION) C. CITY OR IOWN (If outside corporate mits, write)	RURAL and give			
INSTITUTION K. Carrollton One. Balts West	tuwnship)			
Yrs. D. STREET ADDRESS (If rural give location) Mos.				
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years) II Under I Ye	ear II Under 24 Hours			
hale Calina Michigan Car. 16, 1884 last birthday) Months: Di	ays Hours Min.			
	TIZEN OF HAT COUNTRY?			
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	1.00.			
Touden Richarden Illa Ines				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	50			
18. 23. CAUSE OF DEATH	TERVAL BETWEEN			
DISEASE OR CONDITION DIRECTLY	SET AND DEATH			
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	********			
injury or complication which caused death.) DUE TO				
Z ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO				
CINDERETTING CONDITION EAST.				
OTHER SIGNIFICANT CONDITIONS CON-				
TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE CISEASE OR CONCITION CAUSING IT				
. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 12	O. AUTOPSY?			
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or 21C. WHERE DID (If in Baltimore City, give exa	et location)			
S SACRE OF BEATT				
FINJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?				
m. WORK AT WORK	I last saw the			
deceased alive on 3/2 4, 1952, and that death occurred at 12 m., from the causes and on the date				
23A. SIGNATURE Phi Rent Sr 23B. ADDRESS 1/4 1/2 23C.	PATE SIGNED			
24A. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24O. LOCATION (City town, or counting, REMOVAL (Stycify)	ity) (State)			
DATE RECEIVED BY REGISTRAT'S SIGNATURE LESS EN PRESENTANT DATE LESS EN PRESENTANT DE LES EN P	N.			
LOCAL REGISTRAR LOCAL REGISTRAR HAD 2 C 10 C	ale o			
VS 150				
7546M				



CERTIFICATE OF DEATH Registered No. 2 2969

BIRTH	NO.			CLIVIII ICATI	E OI BEATTI		
	ME OF D or Print)	NANNIE	1.	HUNTE	R	2. DATE OF DEATH	25/52
	ace of D	EATH: City, Maryland			A. USUAL RESIDENCE (V	Where deceased lived, If B. COUNTY	institution: residence before admission)
HOSP	L NAME ITAL OR TUTION	OF (If not in hospit		on, give street address or location)	c. CITY OR TOWN (III	outside corperate lim	ts, write 8 (RAV) nd give township)
c. Le	ngth of s	tay in Baltimore	13	Yrs.	0,00	rural, give location)	57
5. SE	X	6. COLOR OR RACE	WIDOW	MARRIED. ED. DIVORCED (Specify)	8. DATE OF BIRTH 4-6-1871	9. AGE (In year) last birthday) Mo	H Under I Year H Under 24 Rours onths Days Hours Min.
10A. L	during most o	CUPATION (Give kind of f working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	BALTIM	oreign country)	12 CITIZEN OF WHAT COUNTRY?
	AL A	beRT G	Be	Rg	ANNA	ONRY	
Yes, no	AS DECEASE or unknowo)	ED EVER IN U.S. ARMEI (If yes, give war or date	D FORCES?	6. SOCIAL SECURITY NO.	17. INFORMANT R. J. HUNTER	12 CLARE	ENdon Ave #8
18	. 4.	0.0		CAUSE	OF DEATH		INTERVAL BETWEEN
	OISEAS (This does heart failu	LEADING TO DEA s not mean the mode of tre, asthenia, etc. It mea complication which	TH of dying, e.g ans the disease	2,	Uremia		3 days
Z O		ANTECEDENT CAUS S OR CONDITIONS, I	F ANY, GIVIN		enolyed Orte	woelling	
ICA		YING CONDITION L					
ERTI	TRIBUTING	JJ SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	D	1		
19				FINDINGS OF OPER	RATION		20. AUTOPSY?
	A. ACCIDE	ENT. SUICIDE. (Specify)		CE OF INJURY (e. g., in		If in Baltimore City,	give exact location)
Z							
	YRULNI D. TIME	(Month) (Day) (Year)		HILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID INJUR	Y OCCUR?	
2:	2. I hereb	y certify that I at	tended the	4.	-16-10, 19 , to	3-25-12-19	, that I last saw the
		live on 3 - 13 - 17		Ind that death occur	rred atm., from t		he date stated above.
23	BA. SIGNA	Loux /	8. D	conful M.D. 2	3B. ADDRESS	Immle	23c. DATE SIGNED
Z4A. TION	BURIAL, CREMOVAL (S	1 1 - 1 %	-52 2	New LAIA	RY OR CREMATORY 24D. L	BALTO.	(State)
DATE	RECEIVE MAR Z		SSIGNATU		25. FUNERAL DIRECTOR	EVANS 7	ADDRESS + San
	VS 150		D	7	118 W M	T. ROVAL	Ave

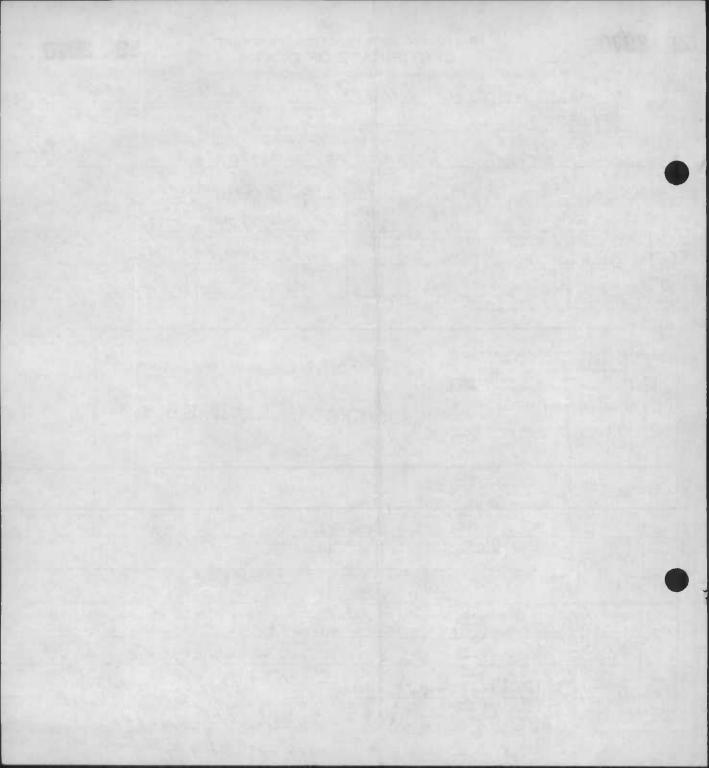
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53	6
52	2970
BIRTH	NO.

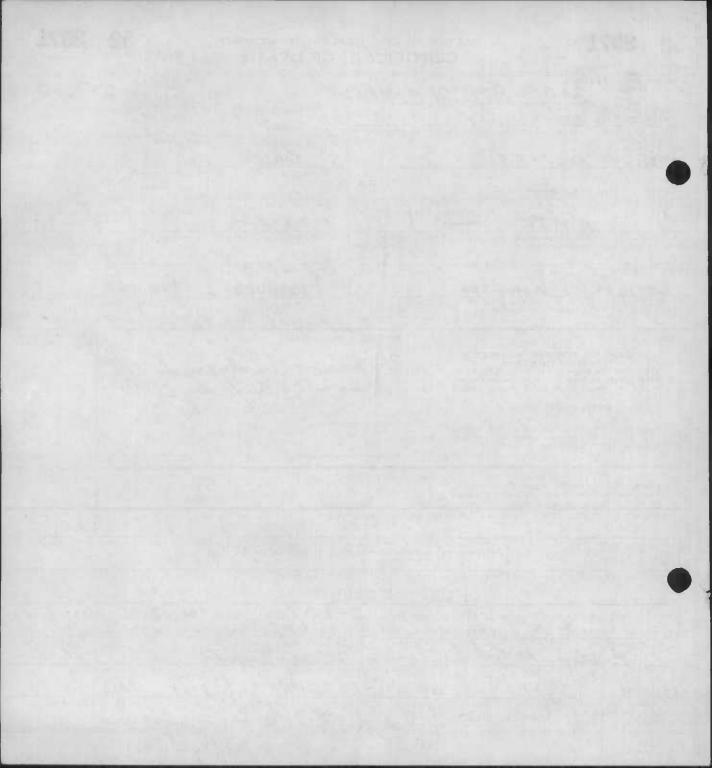
BALTIMORE CITY HEALTH DEPARTMENT

egistere 2No. 2970

BIRTH NO.	Registered No. Lett V			
	DATE			
(Type or Print) HOMAS MEREDITE HUNTER	OF MARCH 26, 1952			
3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE	deceased lived. If institution: residence B. COUNTY before admission)			
B. FULL NAME OF (If not in hospital or institution, give street address or ARYLAND	le corporate limits, write RURAL and give			
WINION MEMORIAL HOSPITAL BALTIMORE	Laglanship)			
Yrs. D. STREET ADDRESS (If rural,	, `			
c. Length of stay in Baltimore 5. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED. 18. DATE OF BIRTH 19. A	GE (in years If Under 1 Years If Under 24 Hours			
M Wh. WIDOWED, DIVORCED (Specify) June 15, 1878	ast birthday) Months Days Hours Min.			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	eountry) 12. CITIZEN OF WHAT COUNTRY?			
COLONEL USARMY ARMY BALTIMORE	, Ma. USA.			
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME				
JAMES HUNTER MARY DE	/EREUX			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	ADORESS			
18. 798X . CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH				
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	12ED .			
injury or complication which caused death.) DUE TO				
ANTECEDENT CAUSES (B) RUPTURED DIVERTICULU	M >			
DISEASES OR CONDITIONS, IF ANY, GIVING				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				
(C)				
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED				
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION.	l 20. AUTOPSY?			
3-21-52 PERITONITIS GENERALIZED	YES NO L			
21A. ACCIDENT WAS UNDER: 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in 1 LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)	Baltimore City, give exact location)			
1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCC	CUR?			
F INJURY WHILE AT NOT WHILE MORK AT WORK				
22. I hereby certify that I attended the deceased from MARCH 16, 1953 to MARC	W 26 19.52 that I last say the			
deceased alive on MACCH 26, 195 2, and that death occurred at 2:15 Am., from the ca				
23a. SIGNATURE 23B. ADDRESS	1 23c. DATE SIGNED			
Richard Search M.D. Union Memorial				
24A. BURIAL, CREMA- 24B. DATE 101 REMOVAL (Specify)	11 -			
130RIAL 3/28/02 GREGNMOUNT BAIL	0 NO			
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR	and I fam			
VS 150 5959/ 1/8 M. Met. 1	Ray el Dac			



151V	
52 2971 BALTIMORE CITY HEALTH DEPARTMENT 5	2 2971
BIRTH NO. 52-07350 CERTIFICATE OF DEATH Registered	No.
1. NAME OF DECEASED (Type or Print) BABY BOY THOMPSON 2. DATE OF DEATH 3-	25-52
3. PLACE OF DEATH: A. Baltimore City, Maryland CITY 4. USUAL RESIDENCE (Where deceased lived, A. STATE B. COUNTY	If institution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate line)	Tenits, write RURAL and give
MERCY HOSPITAL BAILO.	township)
Yrs. D. STREET ADDRESS (If rural, give location)	
c. Length of stay in Baltimore Mos. Days	1-12-
5. SEX 6. COLOR OR RACE WIDOWED, DIVORCED (Specify) 3-25-52 9. AGE (In year-last birthday)	H Under 1 Year H Under 24 Hours Jonths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even lifetired) 10B. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
LOUISH ! HOMPSON FlORENCE L DWY	i R
15. WAS DECEASED EVER IN U. S. ARMED (ORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT SECURITY NO.	ADDRESS
18. 7. 9 CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g., (A) Unknown apply xie due to	
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO abuse with a description Center	
ANTECEDENT CAUSES	
Z O DISEASES OR CONDITIONS, IF ANY, GIVING	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21a. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City	give exact location)
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	
ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
F INJURY WHILE AT NOT WHILE MORK AT WORK	
22. I hereby certify that I attended the deceased from 3-25-5419, to 3-25-52, 19	, that I last saw the
deceased alive on 3-25, and that death occurred at 11:30 Pm., from the causes and on	the date stated above.
23A. SIGNATURE 23B. ADDRESS 23B. ADDRESS WAR THE	3-26-5 2
24a. BURIAL, CREMA- 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 40. LOCATION (City, tow	
TION, REMOVAL (Specify) 3/27/52 NEW CATABORAL BALLO A	ND.
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR OF LOCAL PRECIONARY OF MARKET 1952	ADDRESS
VS 150 18 W. Med. Ray at are.	



BALTIMORE CITY HEALTH DEPARTMENT Registered No. 2972 CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE (Type or Print) Charles Harvey DEATHMarch 25, 1952 BENSON 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF "f not in hospital or institution, give street address or North Carolina HOSPITAL OR (If outside corporate limits, write RURAL and give Baltimore City Morgue (If rural, give location) D. STREET ADDRESS Mos. length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) If Under 1 Year last birthday) Months: Days Hours Min. WIDOWED, DIVORCED (Specify) male white 10A. USUAL OCCUPATION (Givekind of 108, KIND OF BUSINESS OR ACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTR EWS PAPER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME BENSON JOHNSON 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN 18. 377.0 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Probable acute alcoholism (This does not mean the mode of dying, c. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT ш 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB UTING | CAUSE OF DEATH. 21D.TIME (Month) (Day) (Year) (Hour)
OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE! WORK 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,

ect age is especially

24A. GURIAL. CREMA. AB. DATE

10 REMOVAL (Specific)

3-26-5

Qapurol Circ.

Calligh, N. C.

DATE RECEIVED BY
LOCAL REGISTRAR

LOCAL REGISTRAR

WAR 26 1952

VS 151

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(Step 12 County)

(Step 1

and death in my opinion resulted from: natural causes \(\subseteq \), accident \(\subseteq \), suicide \(\supseteq \), homicide \(\supseteq \), undetermined \(\supseteq \).

23B. CHIEF MEDICAL EXAMINER....

ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR

23c. DATE SIGNED

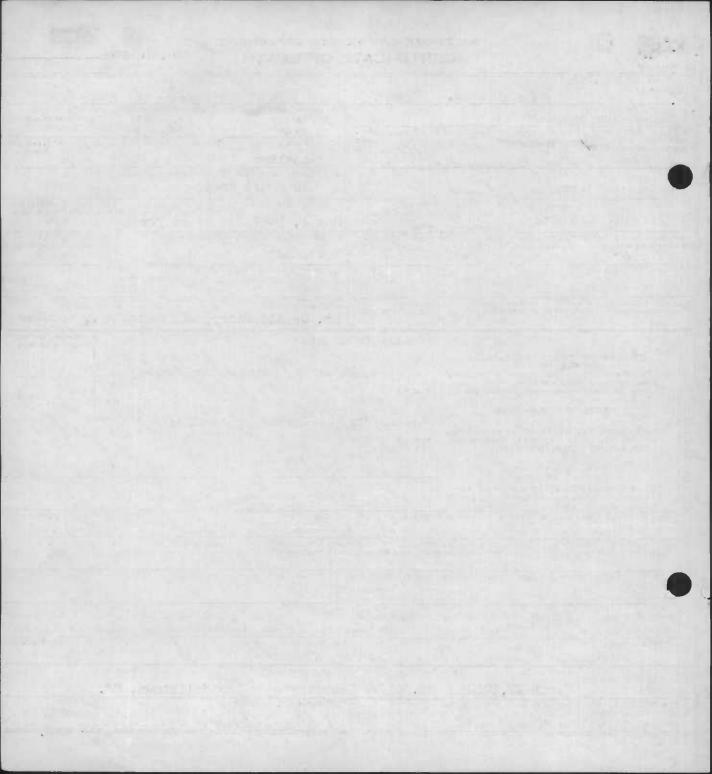
7-8-1964 47 PRINTER NEWS PRINTER N.C. ASA JOHNSON JAMES T. BEHALOW M. El. Telliner where I dineral & Store Gelenal Com. Receipt, D. C. Short of The first Control of the Will

52 2973 52 2973

BALTIMORE CITY HEALTH DEPARTMENT

52 2973
Registered No.

В	RTH NO.		CERTIFICATI	E OF DEATH	Registered	110
1. NAME OF DECEASED (Type or Print) Gilbert J. Perry					2. DATE OF DEATH 25	mar 5 2
	PLACE OF DEATH: Baltimore City, Maryland		5	4. USUAL RESIDENCE (Where deceased lived, I	f institution; residence before admission)
B	FULL NAME OF (If not in hospit	al or institut	ion, give street address or location)	md	Baltime	
IN	STITUTION TONIAL	My Cal	est frome	c. CITY OR TOWN	if outside corporate limi	its, write RURAL and give township)
7	2601 Roslyn Ba	ilren	Yrs.	D. STREET ADDRESS (1	f rural, give location)	
G.	Length of stay in Baltimore	3 Lans	Mos. Days	Old Court Ros	ad	5300
5.	SEX 6. COLOR OR RACE		E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years last birthday) M	M Under 1 Year M Under 24 Hours Ionths Days Hours Min.
	In ale white	wio	lowed	May 4, 1887	64 yrs	
worl	A. USUAL OCCUPATION (Give kind of a done during most of working life, even if retired) Farmer	Se.	O OF BUSINESS OR INDUSTRY	Vermont	foreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
15 (Ye	. WAS DECEASED EVER IN U. S. ARMEI no or unknown) (If yes, give war or date	D FORCES?	NO SECURITY NO.	Mr. Donald Perr		Rd., Woodlawn
DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) CIRCLE VARIEBLE ALL INTERVALLANT ALL ISLANT ALL I						
ER	OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT					
TO THE DISEASE OR CONDITION CAUSING IT.					20. AUTOPSY?	
AL	- nors					YES NO
21A. ACCIDENT, SUICIDE. Description 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID 21C. WHERE D					give exact location)	
	1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT NOT WHILE AT WORK					
	22. I hereby certify that I attended the deceased from 13 7-eb, 1940 25 has, 1952, that I lust saw the					
	deceased alive on 24 Lan, 1952, and that death occurred at 2:50 Am., from the causes and on the date stated above					
	23A. SIGNATURE	0.4	2	3B. ADDRESS	> 1	25 mar 52
24	Hauf H. Ros	Je I	M. D.] (24C. NAME OF CEMETE	Pipesville 8 RY OR CREMATORY 248.	OCATION (City, town	
T10	Burial March 2'		Mt. Olive C		ndallstown. 1	
	ATE RECEIVED BY REGISTRAR	SSIGNATI		MIN A QUE		ADDRESS 10 Liberty
	VS 150	ja i	2 0 7 0	2 9 7 0	500.	TRILLE HVO.
II			100	010		

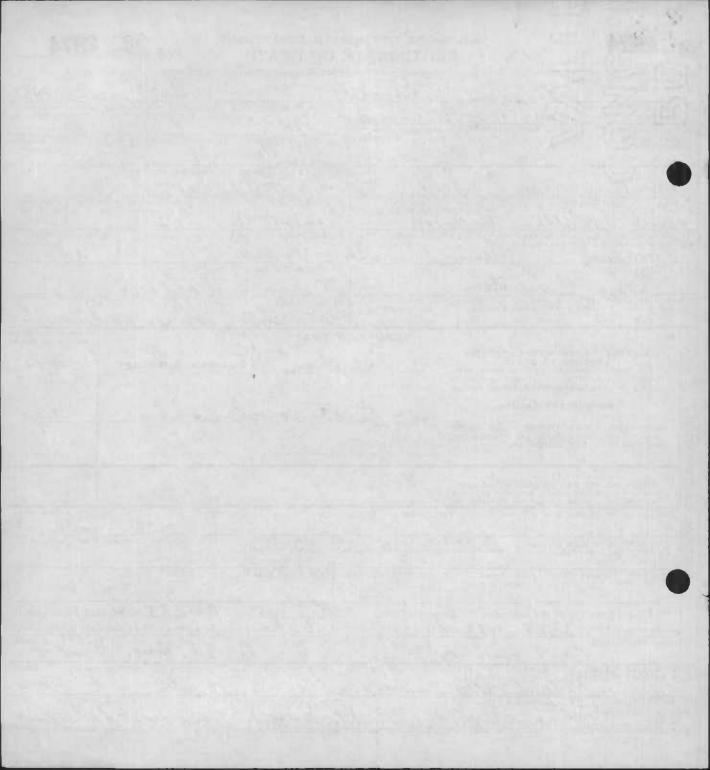


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BALTIMORE CITY HEALTH DEPARTMENT

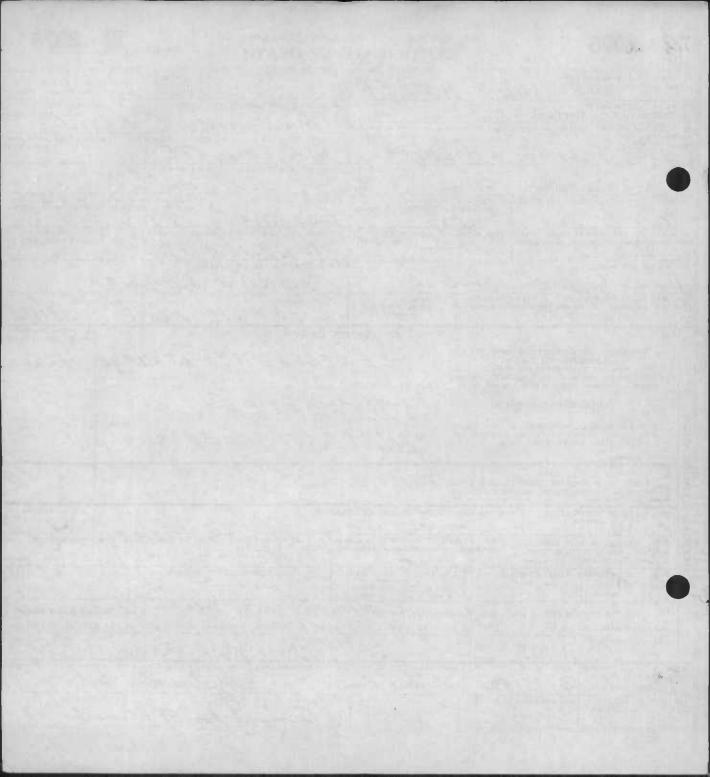
Registered No. 2974

ВІ	RTH NO.			ERTIFICAT	E OF DEAT	Н	Registered	110
1. (T	NAME OF D	ECEASED	unil	R. Bare	DR.	2	OF DEATH	uch 25, 1952
	Baltimore (EATH: City, Maryland 5	11/21	Barney so	4. USUAL RESID	ENCE (When	e deceased lived. I	f institution: residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospital	al or institution	n, give street andress of location		N (If out	side corporate lim	s, write RUIAL and give township)
Į)	4				Balla		49	7 de township)
C.	Length of s	tay in Baltimore	t	Mos. Days	5/1/8	Barr	ul, give location)	
5	emale	White	DINO	MARRIED, D, DIVORCED (Specify	Jan 10,18	9/ 9	AGE (In years bet hirthday) M	H Under 1 Year H Under 24 liburs on the Days Hours Min.
	done during most	CUPATION (Give kind of working life, even if retired)	MANA A	of Business OR	II. BIRTHE ACE	State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	AMOUS L	nten		14. MOTHER'S M.	AIDEN NAMI	Inli	
15 (Yes	WAS DECEASI	ED EVER IN U. S. ARMED (If yes, give war or dates	FORCES?	16. SOCIAL SECURITY NO	17. INFORMANT	of	Janes	ADDRESS N
	18. 33			CAUSE	OF DEATH	0. 1	unga 5	INTERVAL BETWEEN
		SE OR CONDITION		A	A A	11	0	ONSET AND DEATH
	(This does	LEADING TO DEAT	f dying, e.g.,	(A)	rebral /	Kemor	rakoge	4 days
		re, asthenia, etc. It mea eomplication which c		DUE TO				
		ANTECEDENT CAUS	ES	0	0	- 0-		
20	DISEASES	S OR CONDITIONS, IF	ANY, GIVING	(B)	Market 1			1921
ATION	UNDERLY	HE ABOVE CAUSE (A)	STATING THE	DUE TO				
0				(C)				***************************************
CERTIF	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATED					
0				INDINGS OF OPE	RATION			20. AUTOPSY?
CAI								YES NO
MEDICA		ENT WAS UNDER- R CONTRIBUTING DEATH	about home, far	E OF INJURY (e. g., m,factory,atreat, office bldg	in or 21C. WHERE I ,etc.) INJURY OCCL	JR7	Baltimore City,	give exact location)
	ID. TIME	(Month) (Day) (Year)		E. INJURY OCCUR		D INJURY O	CCUR?	
h				VORK NOT WHILE				
		y certify that I att						, that I last saw the
	deceased a		., 19_5_2_ar		erred at 7. Jok. m 238. ADDRESS	., from the	eauses and on	the date stated above.
	201, 010111	and	allo	M. D.	707	Jov	Thre,	3-26-52
TIC	N. BURIAL, (S	CREMA- 24B. DATE	99/95/	IC. NAME OF CEMET	ery or CREMATORY	240. LOG	TION (City, town	n, or eounty) (State)
D,	ATÉ RÉCEIVE CAL REGIST	BBY REGISTRAR	SSIGNATUR	History A - Ald D	25 FUNERAL DIE	RECTOR	un 14 cc	Shha her
=	VC 150	10041	0	A COM AND	The state of the s	CALL		



r2(
BALTIMORE CITY HEALTH DEPARTMENT	52 2975
BIRTH NO.	Registered No.
1. NAME OF DECEASED	2. DATE 0F 2/2//52
MIN. ILLA TION DENS	Where deceased lived. If institution: residence
B. FULL NAME OF (If not in hospital or institution, give street address or	B. COUNTY before admission)
HOSPITAL OR location) c. CITY OR TOWN (I	f outside corporate limits, write RURAL and give township)
CHURCH HOME & HOSPITAL WESTMIN	rural, give location)
3/	2011 57.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH	9. AGE (in years ff Under 1 Year If Under 24 Hours Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or	foreign country) 12. CITIZEN OF
work done during most of working life, even if retired) INDUSTRY MRRY AND WHAT COUNTRY?	
13. FATHER'S NAME 14. MOTHER'S MAIDEN N	IAME
Thomas Jefferson anders SUSAN	BEAMER.
15. WAS DECEASED BYER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 17. INFORMANT	ADDRESS HICKTRI
18. 33 A CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OF CONDITION DIRECTLY	
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	MORKINGE SM 201
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	SION
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO ARTERIO SCAL UNDERLYING CONDITION LAST.	EROSIS
(6)	-105/3
OTHER SIGNIFICANT CONDITIONS CON-	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	(If in Baltimore City, give exact location)
W CAUSE OF DEATH	
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY F INJURY	RY OCCUR?
m. WHILE AT NOT WHILE AT WORK AT WORK 22. I hereby certify that I attended the deceased from 1.00 p. 3/26, 19 3, to	3/26/
deceased alive on 3/26, 19 and that death occurred at 1:26 m., from	the course and on the date stated shows
deceased alive on 2/26, 19 and that death occurred at 1:20 m., from 231. SIGNATURE 231. ADDRESS	23c. DATE SIGNED
24a, BURTAL CREMA* 24B, DATE 24C, NAME OF CEMETERY OR CREMATORY 24D.	LOCATION (City, town, or county) (State)
24A. BURÎALI CREMA: 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. TION REMOVAL (Specify) 3/29/52 Kudus Com.	estmente med
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR	ADDRESS
MAR 27 1952 Huntington Walliams My 7 Bamband	In It retiremeter med.

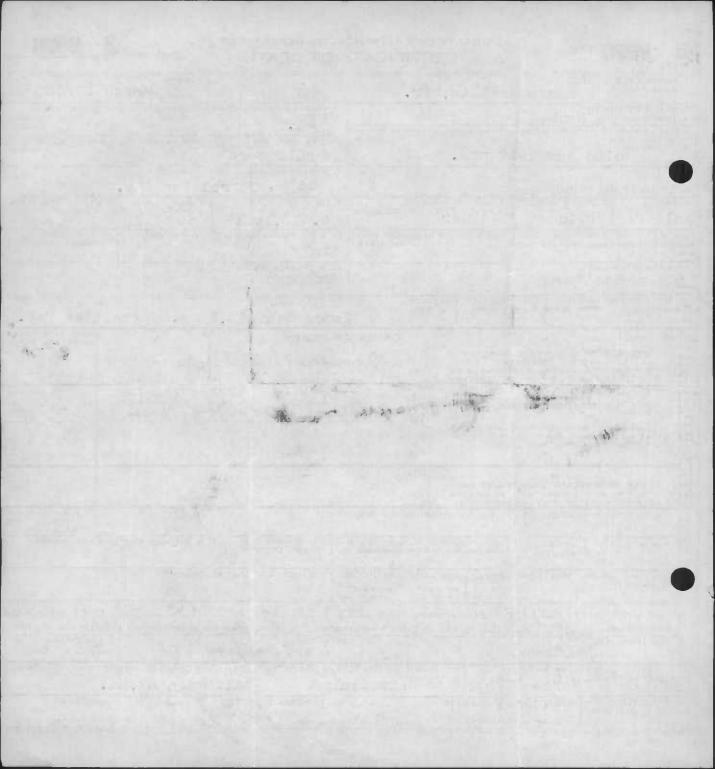
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 2976

B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION 4703 Hampnett Ave. Yrs. C. Length of stay in Baltimore To be a street address or location and the street address or location and location an	on: residence pefore admission) RURAL and give township)
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION 4703 Hampnett C. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years) 10 most 1 verification 10 most 1 ve	RURAL and give township)
HOSPITAL OF HAMPE TO	township)
c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years) 10 Index 1 Years er	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Vet	or If there 24 them.
Male White Widower Specify Oct. 12,1861 9. AGE (In years Months Da) Months Da	Hours Min.
	TIZEN OF HAT COUNTRY
13. FATHER'S NAME August Scalia Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (If yos, give war or dates of service) 16. SOCIAL SECURITY NO. James Scallio, 36 S. Carrollto	44
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease,	ERVAL BETWEEN SET AND DEATH ?
injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	?
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID (If in Baltimore City, give exact or contribution) injury occur?	et location)
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK NOT WHILE AT WORK	
deceased alive on find Y, 1952, and that death occurred at 2.4 50 m., from the causes and on the date	
Jalesa M.O. 6217//arpord Pd 3/2	7
Burial (Specify) March 27/52 New Cathedral Baltimore 29, Md.	
Date received by Registrar's signature 25. Funeral director ADDR Local Registrar Huntington Williams April 1997 4101 Edmond	en

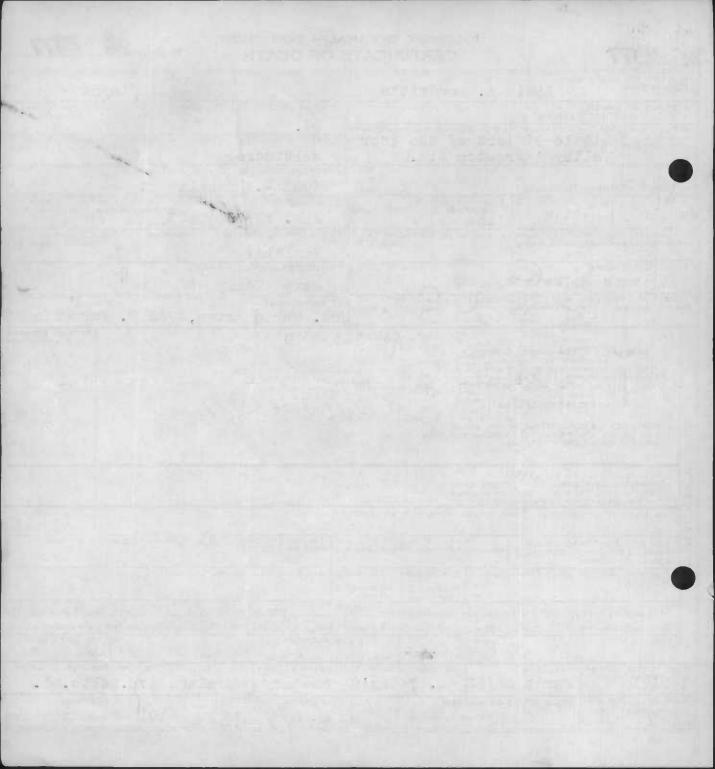


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

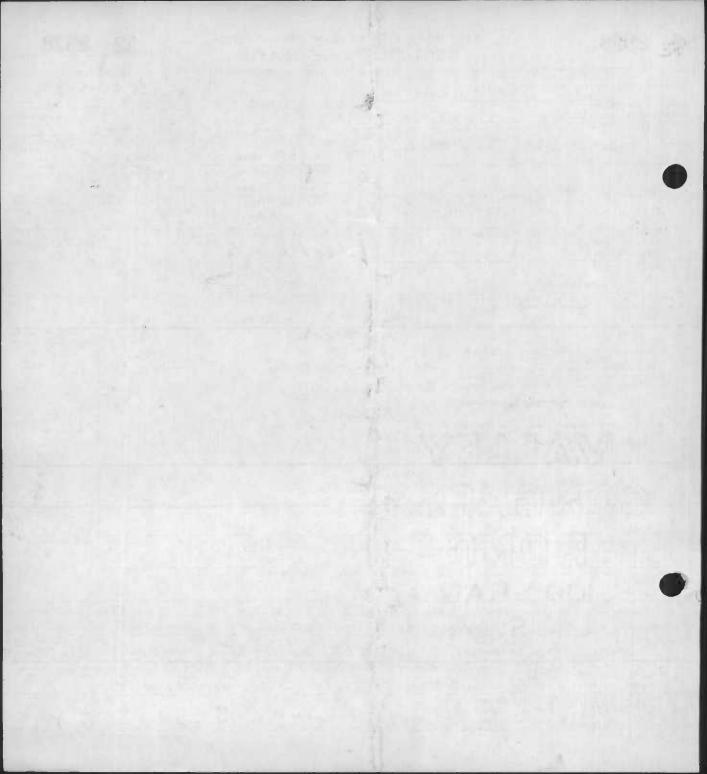
Registered No. 2977

feirth'No.				
1. NAME OF DECEASED (Type or Print) Lydia A. Hendricks	2. DATE OF DEATH 3/24/52			
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)			
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Little Sisters of the Postrn)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give			
Valley & Preston Sts.	Baltimore			
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)			
c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	4002 W. Franklin St			
emale White Widow	8. DATE OF BIRTH 9. AGE (In years li Under I Year last hirthday) 9. AGE (In years li Under I Year last hirthday) Months Days Hours Min.			
10A. USUAL OCCUPATION (Give kind of work done dering most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
Jessie Ellsworth	Mary Kelly			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS			
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Mrs. Marie Brown, 4002 W. Farnklin St			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.	of DEATH rebral Hemoning Pagy Teuro-Sclerosis 3 yrs			
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?			
NA CONTRACTOR OF THE CONTRACTO	YES NO			
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)				
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK AT WORK				
22 I hereby certify that I attended the decored from Mc	ch 18 1952 to mch-24, 1932, that I last saw the			
deceased alive on Min 24, 1962, and that death occur	red at 2 P. m., from the causes and on the date stated above.			
23A. SIGNATURE & G. Gill Hall M.D. 2	3B. ADDRESS 18. North are Mich 26-52			
24a. BURIAL CREMA- 24b. DATE 27/52 St. Peter's	Gemetery Moreland Ave.Balto.Ld.			
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR MAR 2 1952	28. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS			
VS 150				



CERTIFICATE OF DEATH Registered 2078 BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.			CERTIFICAT	E OF DEAT		
1. NAME OF D (Type or Print)	OCIE CA	RAIGH	IEAD		2. DATE OF 2 DEATH	6 March 1952
3. PLACE OF D	EATH:	0	1 =	4. USUAL RESIDE	ENCE (Where deceased liv B. COUN	red. If institution: residence TY before admission)
A Baltimore City, Maryland Selfmore B. FULL NAME OF (If not in hospital or institution, give street address or				A //		time
HOSPITAL OR	16+ one How	hitao. d.	Meryland In	C. CITY OR TOWN		e limits, write R IRA I and give
4-6	Line wood in	, and f	" Copacial, In	Balton	ore /	5-07 township)
			Yrs.	O. STREET ADDRE	SS (If rural, give levate	on) .
cength of s	tay in Baltimore		Mos. Days	2860	Woodbrook A	re #17
F. SEX	6. COLOR OR RACE	7. SINGLE WIDOW	, MARRIED, ED, DIVORCED (Specify	3-2/- / 19-	lact hinth day	ars II Under I Year II Under 24 Hours y) Months Days Hours Min.
10A. USUAL OC	CUPATION (Give kind of a working life, even if retired)	10B. KIND	OF BUSINESS OR		State or forcign country)	12. CITIZEN OF
House		_	- INDUSTRY	BECKLOY W	v. VA	U.S A
13. FATHER'S	NAME			14. MOTHER'S MA		0.51
	BLANKENSHIP			ANN	?	
Yes, no or unknown)	O EVER IN U. S. ARMED	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
			- No	1tus 6a	nd	Same
18. / 6	3 X 1		CAUSE	OF DEATH		INTERVAL BETWEEN
DISEAS	E OR CONDITION		^			
(This does	not mean the mode o	f dying, e.g.	, (A) Udes	verrinme	Rt. lung	· · · · · · · · · · · · · · · · · · ·
injury or	re, asthenia, etc. It mea complication which c	aused death.			0	
	ANTECEDENT CAUS	ES	1.	/		,
2			(B) Hem	owhape from	~ CA,	1 hr.
RISE TO T	OR CONDITIONS, IF	STATING TH	3	0		
UNDERLY	UNDERLYING CONDITION LAST.					
£						
OTHER S	II IGNIFICANT CONDI	TIONS CON	•			
TRIBUTING	TO THE GEATH, BUT	NOT RELATED	0			
			FINDINGS OF OPER	RATION		20. AUTOPSY?
3						YES NO V
21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER CONTRIBUTING DEATH	218. PLA about home, fa	CE OF INJURY (e. g., irm, factory, street, office hidg.,	n or 21c. WHERE D		City, give exact location)
	(Month) (Day) (Year)	(Hour) 2	1E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
INJURY	INJURY mi. WHILE AT NOT WHILE AT WORK AT WORK					
22. I hereby certify that I attended the deceased from 3/20, 1954 to 3/20, 1954 that I last saw the						
deceased at		, 1952,0	and that death occur	rred at 9 50 Am.	, from the causes and	on the date stated above.
23A. SIGNA	4	emer	M. D.	Lutheren Hr	spitel, Bolti.	23c. DATE SIGNED
24A. BURIAL, O	REMA- 24B, DATE	2	4c. NAME OF CEMETE	RY OR CREMATORY	240. LOCATION (City,	town, or county) (State)
REMOVAL	3.26.5	2 1	VILDWOOD CEME	TERY	BECKLEY. W	1. VA
DATE RECEIVE	D BY REGISTRAR			25. FUNERAL DIR	ECTOR	ADDRESS
MAR 5 9	953 1	vetor !	HI SMASSAST	3 Am 10 12 6	This Solve On	. Belt mil
VC 150	And I have	1	The state of the s	A COLLE	WC TOND ON	Green 11th



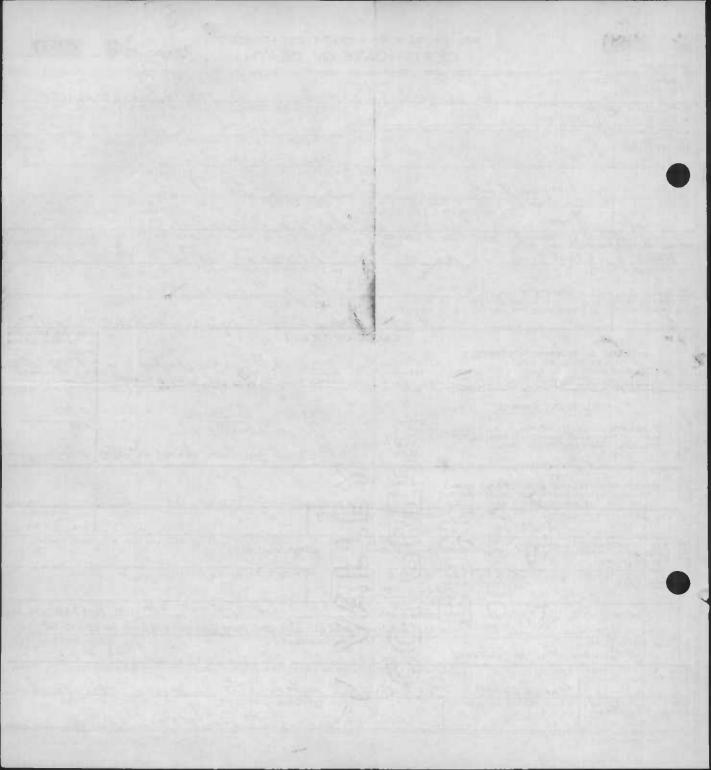
421	EALTH DEPARTMENT
	E OF DEATH Registered No. 2979
1. NAME OF DECEASED Mrs Salma Salkavis	2. DATE OF DEATH 3-24-1953
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location	C. CITY OR TOWN (If outside corporate lines, write RURAL and give
INSTITUTION ST. Agues Hospital	Baltime Jownship)
Yrs. Mos. Days	8 19. Hollins st
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORGED (Specify married)	8. DATE OF BIRTH 9. AGE (in years it Under I Year Months Days Hours Min. 10. AGE (in years it Under I Year Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work dong during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTR	11. BIRTYPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Kurlanskas	not know
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unkoowo) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	Mrs. anna Geiger 819 Holling St.
18. 443 X CAUSE	OF DEATH
(This does not mean the mode of dying, c. g., heart failure, asthenia, ctc. It means the discase,	tra Vascular accident
injury or complication which caused death.) DUE TD	
ANTECEDENT CAUSES	berlessive Usteriosslesster
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABDVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	rdioxoscular Diserce
11 0 1	. 10
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	least Ineumonelist
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY?
21a. ACCIDENT WAS UNDER. 21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg CAUSE OF DEATH	
2 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR FINJURY NOT WHILE	
22. I hereby certify that I attended the deceased from	
deceased glive on 3/2 4, 1944, and that death ocea	urred at \$ 7/2 m., from the causes and on the date stated above.
23 A SIGNATURE Had ly M.D.	23B. ADDRESS 23C PATE SIGNED 3/24/52
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET	ERY DECREMATORY 24D. LOCATION (City, town, or edunty) (State)
DATE RECIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
MAR 27 1952 Huntington Williams As	V. a. Dreblianckas N. 1905 E. Pratt,
VS 150) "

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 2980

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) Sarah A. Glass 1	Bond 2. DATE OF DEATH March 24, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	
1819 N. Bond St.	Baltimore D
Yrs. Mos.	o. STREET ADDRESS (H rural, give location)
c. Length of stay in Baltimore Life Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hours
WIDOWED, DIVORCED (Specify)	last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
Housewife (ret.) Own Home	Baltimore, Md. WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John D. Cunningham	Mary A. Barringer
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
No None	Mary E. Cridlin -3237 Lyndale Ave. Batto. Md.
	OF DEATH ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	metras legerestation, 1740
(This does not mean the mode of dying, e.g., (A)heart failure, asthenia, etc. It means the disease,	Metras Regeregetation 1 100
injury or complication which caused death.) OUE TO	
ANTECEDENT CAUSES	arrus Slaven 140
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.	Nagrilliam 189
UNDERLYING CONDITION LAST.	Repularion 140 Carres Jalus Lelis Alpha 164
<u> </u>	curs gaction, ofte
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
1 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	
21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING About bome, farm, factory, street, office bldg.	in or 21c. WHERE DID (If in Bultimore City, give exact location)
S CAUSE OF DEATH	etc.) INJURY OCCUR?
10. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURE FINJURY	
m. WHILE AT NOT WHILE AT WORK	
1 22 I hereby centity that I attended the deceased from	19 5, to Ward 2H, 19 5, that I last saw the
deceased affect on, 19, and that death occa	rred at II: A.m., from the causes and on the date stated above.
Thomas Fa Storms M.O.	2878 HARFORD Road 3-25-52
24A. BURIAL, CREMA- TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETI	0 1 0 11.
Burial March 27,1952 Parkwood	Cemetery Haltimore, Maryland 125. FUNERAL DIRECTOR ADDRESS
DATE RECEIVED BY REGISTBAR'S SIGNATURE COCAL REGISTRARS! Turtington Williams, M.	Bickatt M. Singleton- Glen Burnie Md.
Ve see	



BALTIMORE CITY HEALTH DEPARTMENT Registered 82 2981 CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) Connor March 26, 1952 DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or MARYLAND HOSPITAL OR (If outside corporate limits, write ROMAL and give C. CITY OR TOWN butheren Kospil BALTIMORE D. STREET ADDRESS (If rural, give location) Mos. ARUNAH c. Length of stay in Baltimore HUENUE Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) AGE (In years | H Under | Year | H Under 24 Hours | last birthday) | Months | Days | Hours | Min. WIDOWED, DIVORCED (Specify) FEB. 18, 1952 SINGLE 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY INPANT MARYLAND U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME O'CONNOR MARGARET JOHN J. F. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO NO MOTHER SAME INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH IN ARNOLD-CHIARI SYNDROME (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which eaused death.) DUE TO ANTECEDENT CAUSES (B) MENINGOMYELOCOELE CONGENITAL FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) RTI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED til TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION CA (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE! WHILE AT 22. I hereby certify that I attended the deceased from Flbruary 18, 1952, to March 26, 1952, that I last saw the deceased alive on March 24, 1952, and that death occurred at 4 pm., from the causes and on the date stated above. 23A SIGNATURE 23c DATE SIGNED Mar. 26, 1952 Lutheran spikal niriam

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

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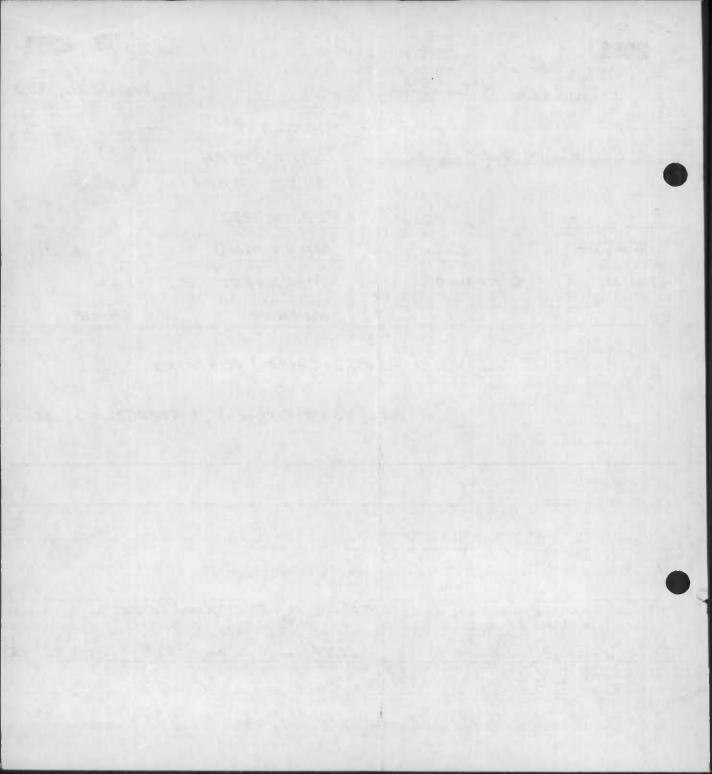
MAR 27 1952

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DATE RECEIVED BY

24A. BURIAL, GRENA-

24B. DATE

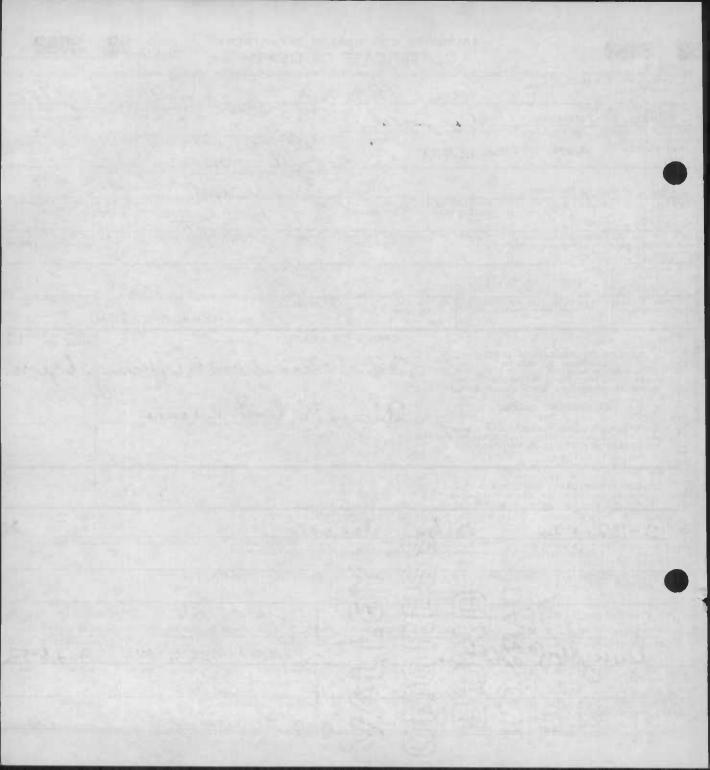


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BALTIMORE CITY HEALTH DEPARTMENT

egistered 20 2982

CERTIFICATE	E OF DEATH Registered No.
BIRTH NO.	
(Type or Print) Roselyn Mar	veus 2. DATE DE LA 26,1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	- Ina
HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL	C. CITY OR TOWN (If outside exporate limit), write RUIAL and give township)
TOTAL HOPKINS HOSPITAL	Dallimore 1
Yrs.	D. STREET ADDRESS (If ruyal, give location)
c. Length of stay in Baltimore Mos. Days	36/3 Spaulding VIE
5/SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH AGE (In years) If Under 1 Year If Under 24 Hours Indeed 1 Year Indeed 1 Year If Under 24 Hours Indeed 1 Year
IQA. USUAL OCCUPATION (Givekind of IOB. KIND OF BUSINESS OR Work done during most of working life to ven if retired) INDUSTRY	II. BIRTAPLACE (State or foreign country) 12. CITIZEN OF
work done during most of working life even if retired) INDUSTRY	MHAT COUNTRY?
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
Max Tentone	Costner Sold
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	JOHNS HOPKINS HOSPITAL
18. 4/0 X , CAUSE (OF DEATH
	ONSET AND DEATH
LEADING TO DEATH	I stenosis and insufficiency 6 years
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	A COLOR OF THE STATE OF THE STA
and the company will be a constant and the constant and t	
ANTECEDENT CAUSES	matic heart disease
Z (B) Ween	malie hear directe
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
O TO THE DISEASE OR CONDITION CAUSING IT.	ATION 20. AUTOPSY?
7 1 2 2 2 2 7	YES NO X
21a. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in	
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e	stc.) INJURY OCCUR?
CAUSE OF DEATH	ED 315 HOW DID IN HIRV OCCUP?
ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE	
22. I hereby certify that Lattended the deceased from 3/	6 1953 to 3/26, 1953 that I last saw the
deceased alive on 3/26, 1952, and that death occur	
	3B. ADDRESS 23c. DATE SIGNED
Quell C. MStran M.D.	JOHNS HOPKINS HOSPITAL 3-26-52
24A. BURIAL, CREMA 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Rural 3/21/52 Monteel New	trew Ballo
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
MAR 27 1952 Tuntington Williams A	Pouch Levers Inc 2100 Entow Place
	//



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 2983

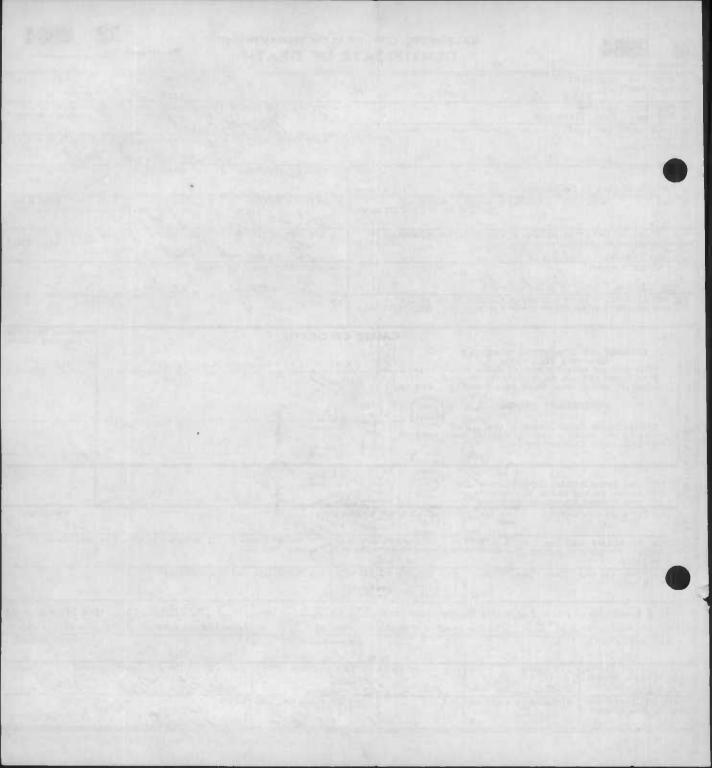
BII	RTH NO.						
1. NAME OF DECEASED (Type or Print) Augusta W. Lightner				Lightner		2. DATE OF DEATH	3/24/52
3. PLACE OF DEATH: A. Baltimore City, Maryland					4. USUAL RESIDENCE (WA. STATE	here deceased lived. In B. COUNTY	finstitution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION 3641 Leo St.			C. CITY OR TOWN (If	outside corporate limi	write R PAL and give township)		
		2041 Teo 20	•	Yrs.	Baltimore o. STREET ADDRESS (If:	rural give location)	
c.	Length of s	tay in Baltimore		Mos. Days	3641 Leo St	•	
5.	F	6.COLOR OR RACE	WIDOW	MARRIED. ED, DIVORCED (Specify) DWEd	July 30, 174		onthis Days Hours Min.
10. work	done during most	CCUPATION (Give kind of of working life, even if retired) ewife		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S		111	7.110	14. MOTHER'S MAIDEN NA	AME	
		Wies	ner		Unknown		
15 (Yes	. WAS DECEAS	ED EVER IN U.S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs Louise Madary 3641 Leo St.		
ERTIFICATION	DISEASE RISE TO UNDERL	s not mean the mode of ure, asthenia, etc. It mea complication which of ANTECEDENT CAUSES OR CONDITIONS, IT THE ABOVE CAUSE (A) YING CONDITION LA	ns the diseas caused death SES F ANY, GIVIN STATING TH STATIONS CON NOT RELATE	(B) Hypt	CENSIVE - CARALL		
O	No. of Concession, Name of Street, or other Designation, or other	OF OPERATION 1		FINDINGS OF OPER	RATION		20. AUTOPSY?
AL	ISA. DAIL	or or examon	02,, 10 011				YES NO
EDIC	21A. ACCIE LYING 0 CAUSE OF	DENT WAS UNDER R CONTRIBUTING DEATH		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,		f in Baltimore City,	give exact location)
	10. TIME	(Month) (Day) (Year		21E. INJURY OCCURR WHILE AT WORK AT WORK	ED 21F. HOW DID INJURY	OCCUR?	
	22. I herel	by certify that I at:	tended the	deceased from 141	1948, to 3	7/24 195	that I last saw the
		live on 3/24		and that death occur	rred at 20. m., from t		the date stated above.
	23A. SIGNA		n	м. р.	238. ADDRESS DEVAPOR	es ane	23c.,DATE SIGNED
710	N. REMOVAL	m / m / m / m		24c. NAME OF CEMETE		OCATION (City, town	n, or county) (State)
	Buria ATE RECEIVE DCAL REGIS	D BY REGISTRAR	SIGNATI		cemetery Gr1 25. FUNERAL DIRECTOR JOHN F. DENNY	ndon Ave.	ADDRESS
=	VS 150	(7. U U	2 2110	DIAME DE

520 Patapen CU 0455

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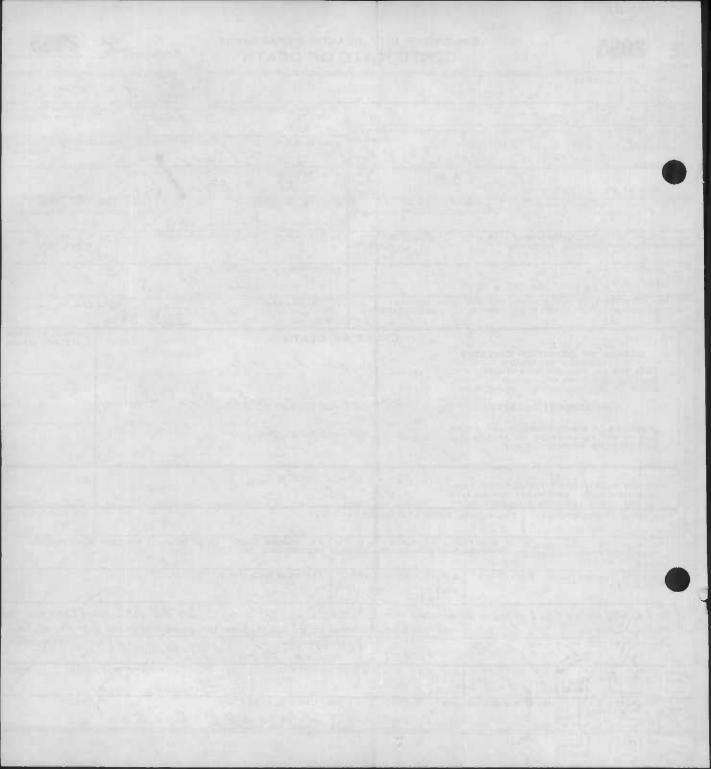
BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.			CERTIFICATI	OF DEAT	H Regis	tered No.
1. NAME OF DE	CEASED				2. DATE	
(Type or Print)	HOSMALI	. 7	ESSE M			3-27-52
3. PLACE OF DE	ATH:	1			ENCE (Where deceased	lived. If institution : residence
B. FULL NAME C		alor instituti	ion, give street address or	A. STATE THE	eryland B. gou	before ndmission
HOSPITAL OR	, (11 not in nospic		Iocation)	C. CITY OR TOWN	(If outside corpora	ate limits, write RURAL and give
INSTITUTION	neversity	Hors	setal.		Freela	nd med township
		700	Yrs.	D. STREET ADDR	ESS (If rural, give loca	ition)
c. Length of st	ay in Baltimore		Mos. Days			5300
	6. COLOR OR RACE		MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRT	H 9. AGE (In)	years II Under 1 Year If Under 24 Hour day) Months Days Hours Min
m	IN	WIDOW	ED, DIVORCED (Specify)	nov 20	1869 82	
10A. USUAL OCC	UPATION (Give kind of working) (fe, even if retired)	108. KIND	OF BUSINESS OR	11. BIRTHPLACE	(State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Farme	Working ac, even it retired)		INDUSTRI	Free	and med	WHAT COOKIN
13. FATHER'S N.	AMÉ	. 0		14. MOTHER'S M	AIDEN NAME	
Jease	Hoslis	M		none	u Crish	
Y5. WAS DECEASED	D EVER IN U. S. ARMEI		16. SOCIAL	17. INFORMANT	1	ADDRESS
(res, no or ananown)	(11 yes, give war or date	s or service)	SECURITY NO.			
18.			CAUSE	OF DEATH		INTERVAL BETWEE
DISEASI	E OR CONDITION	DIRECTLY		1		ONSET AND DEAT
	not mean the mode		(A) CEREBI	LAL Vascul	AR ACCIDENT	24-48/20
heart failur	e, asthenia, etc. It mea	ns the diseas	e,			
			.,			
	ANTECEDENT CAUS	SES	(8)			
	OR CONDITIONS, I		IG	************************************	***************************************	
UNDERLY	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.					
ONDERLY!			(C)		. 1	
<u> </u>	Ш					
TRIBUTING	GNIFICANT CONDI	NOT RELATE	D SARATA	141	RNIA	20 000
O TO THE DE	SEASE OR CONDITION		FINDINGS OF OPER			20 AUTOPSY?
]	F OPERATION 1	SB. MAJOR	THE INCOS OF ONE	Allon		YES NO
ZIA. ACCIDE	ENT WAS UNDER-		CE OF INJURY (e. g., i			e City, give exact location)
	CONTRIBUTING	about home, i	arm, factory, street, office bldg.,	to.) INJURY OCC	UR?	
	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DI	D INJURY OCCUR?	
F INJURY			WHILE AT NOT WHILE			
		m.	WORK AT WORK	1 / 20	> 2752/	40 17 17 3 1
22. I hereby	eertify that I at	tended the	deceased from 3-3	1-30,19		, 19, that I last saw ti
deceased all	ve on 3-26-32	_, 19,	and that death occur	B. ADDRESS	i., from the causes at	nd on the date stated abov
23A. SIGNAT	L D V.	hh !		bureroity	Hospital	3-27-52
24A. BURIAL. C		my	M. O.			
TION, REMOVAL (SI	pecify)	20/12	94.1.11.7	_	B-Ot.	o. And
DATE RECEIVED	BY REGISTRAR	SSIGNATI	IRF.	25. FUNERAL DI	RECTOR	ADDRESS
LOCAL REGISTE	Martin		Valiaus M.	206	66. 10.17	new Greeclor
MAKZI	1004	19 5	3 11 11/1	picoco	mariense	me to the
VS 150	*	16 (18)	,	0010		
			/	0010		



BALTIMORE CITY HEALTH DEPARTMENT

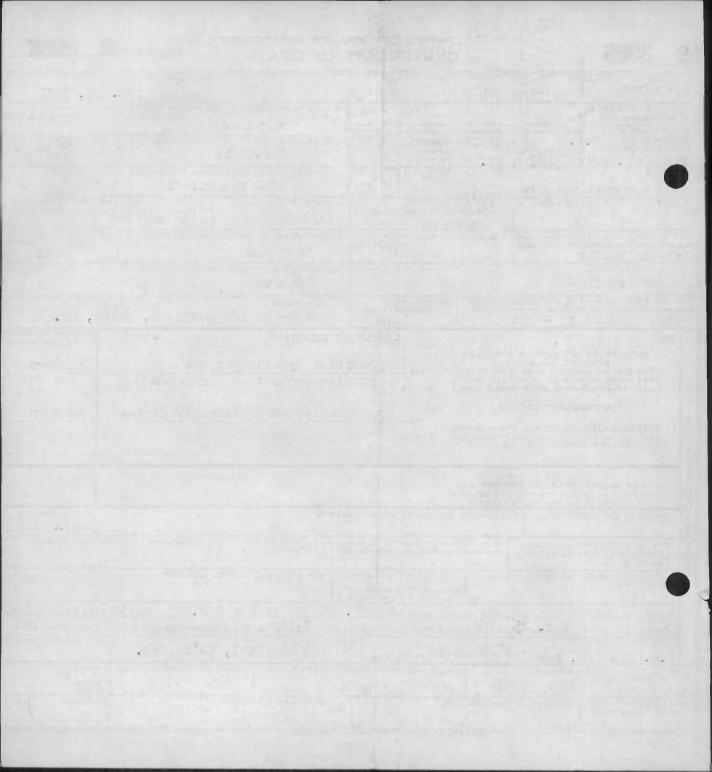
700		
52 2985 BA	LTIMORE CITY HEALTH DEPARTMEN	
BIPTH NO	CERTIFICATE OF DEATH	Registered No.
1. NAME OF DECEASED	1	2. DATE
1. NAME OF DECEASED Tesse keit	h	OF DEATH 3-25-52
3. PLACE OF DEATH:	4. USUAL RESIDENCE	(Where deceased lived, If institution : residence
A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institu	A. STATE	B. COUNTY before admission)
HOSPITAL OR	location) C. CITY OR TOWN	(If outside corporate limits, write RURAL and give
Institution University Ho	espital BattoMy Baltin	nore township)
	Yrs. D. STREET ADDRESS	(If rural, give location)
c. Length of stay in Baltimore	Mos. Days 30 21	Elm Ave.
5. SEX 6. COLOR OR RACE 7. SINGS	WED DIVORCED (Specify) 8. DATE OF BIRTH	9. AGE (In years I Under I Year II Under 24 Hours last birthday) Months; Days Hours Min.
M W WILL	WES ISPECTIVE OUT & 1883	66
10A. USUAL OCCUPATION (Give kind of 10B. KIN	D OF BUSINESS OR 11. BIRTHPLACE (State	
work done during most of working life, even if retired)	Duck Miller Mis	WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN	I NAME
William Kieth	Emma	Webb
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL 17. INFORMANT	
(11 yes, give war or dates of service)	15-07-6760x Elsie Esh	er 3021 Elm ave
18. 526×	CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.	Pile agazer poda	ma
heart failure, asthenia, etc. It means the disca		
injury or complication which caused deat	Myocardial inte	estitial Silver
ANTECEDENT CAUSES		71070515
Z DISEASES OR CONDITIONS, IF ANY, GIVE	ING (B) Branchipetusie	
RISE TO THE ABOVE CAUSE (A) STATING T	THE DUE TO PROACHIECT COST	
	(C)	
	Cerebral edema	
OTHER SIGNIFICANT CONDITIONS CO	0 1	
TO THE DISEASE OR CONDITION CAUSING	П.	
11 11	R FINDINGS OF OPERATION	20. AUTOPSY?
V None	ACE OF INJURY (e. g., in or 21c. WHERE DID	(If in Baltimore City, give exact location)
	e, farm, factory, street, office bldg., etc.)	(12 in businesse city, give chart include)
1D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED 21F. HOW DID INJ	URY OCCUR?
F INJURY	WHILE AT NOT WHILE WORK AT WORK	
22 I handha contifu that I attended th	e deceased from 3-24, 1952, to	3 - 24 195 2 that I last easy the
deceased alive on 3 - 24 1053	and that death occurred at 9: 1013n., from	m the eauses and on the date stated above
23A. SIGNATURS	23. ADDRESS	14 A D 23c. DATE, SIGNED
gumes \$13	roung M.D. Vniv. Hook	. Batto. Md 3/26/52
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)	24C. NOME OF CEMETERY OR CREMATORY 24	D. LOCATION (City, town, or county) (State)
March 29-52	- dorraine Oh B.	altimae Mil
DATE RECEIVED BY REGISTRAR'S SIGNAT	URE 25 FUNERAL DIRECTO	DR ADDRESS
MAR 2 7 2002 Huntington	relieur withalows &	at 814236 hall



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered NZ 2986

BIRTH NO.					
1. NAME OF DECEASED (Type or Print) GEORGE ELSWORTH FORD	2. DATE OF DEATH Mar. 25, 1.952				
3. PLACE OF DEATH: A. Baltimore City, Maryland	A. STATE B. COUNTY Maryland Maryland				
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION HOSPITAL HOSPITAL	c. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore township)				
Myman Pk. Drive & 31st St.	D. STREET ADDRESS (If rural, give location)				
Mos.	1200 Cox Street				
c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.					
M WIDOWED, DIVORCED (Specify) Married	11/23/96 9. AGE (In years If under 1 feat in under 24 hours Min.				
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Textile worker Hooper's Hills	11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
Edward Ford	Jarancom.				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Yes W T - USA None	17. INFORMANT ADDRESS Records- US PHS Hospital, Balto, Md.				
	OF DEATH INTERVAL BETWEEN ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY					
	rdial hypertrophy with Unknown				
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO passive congestion and edema					
ANTECEDENT CAUSES	tonniero condicero conlan di cocca l'Italiana				
Z O DISEASES OR CONDITIONS, IF ANY, GIVING	tensive cardiovascular disease Unknown				
UNDERLYING CONDITION LAST. (C)					
OTHER SIGNIFICANT CONDITIONS CON-					
to the disease or condition causing it.	ATION 20. AUTOPSY?				
[2]	YES NO				
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e					
10. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED NOT WHILE AT NOT WHILE					
m. work L AT WORK L	. 25 , 19 52 to Mar. 25 , 1952, that I last saw the				
deceased alive on Mar. 25, 1952, and that death occurred at 7:15P m., from the causes and on the date stated above.					
23A SIGNATURE 23C. DATE SIGNED					
D.W. Patrick, Medical Officer in Charge US PHS Hospital, Balto, Md. 3/26/52					
24A. BURIAL, CREMA- TION, REMOVAL (Sylvisy)	RY OF CREMATORY 24D. LOCATION (Qity, town, or county) (State)				
Lywial May 28/52 At. Mays Hampden 3900 Notand live mo					
DATE RECEIVED BY REGISTRATES SIGNATURE 25. FUNERAL DIRECTOR ADDRESS					
MAD 27'1052 11 1: 1 Will Will	wells & honoraw 38/8 Holang live				
VS 150	3.11-				
6 904E					



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.52 2987

BT	RTH NO.	1 1 Im				
	NAME OF DECEASED John 70	w 1h	es	2. DATE OF DEATH 3-	24-	52
3. A.	PLACE OF DEATH: Baltimore City, Maryland BAL+ inove	4	STATE	here deceased lived, If		admission)
HC	FULL NAME OF (If not in hospital or institution, give street a SPITAL OR	34:	CITY OR TOWN (If	outside corporate limit	write RUR	L and pive
IN	STITUTION 2924 Round ROAd		BALTIMO	re -	25	township)
G.	Length of stay in Baltimore 35 years	Yrs. O Mos. Days	2924 Rou	ind R	oAd	
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCE.	D (Specify) 8.	DATE OF BIRTH	9. AGE (in year:	unds I Yes H	
10	A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINES	S OR 11	BIRTHPLACE (State or fo	reign county)	12 CITIZEN	N OF
TOW		DUSTRY	oftaway	Co. 1/2.		OUNTRY?
13	FATHER'S NAME	14	MOTHER'S MAIDEN NA	AME /	<i>-</i>	
15	JOH W TOWIKES		not K	nown		
	(11 yes, give war or dates of service) 1-15-18-6 10-13-19 220-0	5-3280 G	HALVS 70W	thes. ?	Am	e.
	18. 597X 1	AUSE OF	DEATH	,	ONSET A	L BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Core	bral Acci	dent	1110	laus .
	(This does not mean the mode of dying, e.g., A) — heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO				170	
_	ANTECEDENT CAUSES	HUDE	rtensive)	Heart Dise	150 216	ests.
100	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	11		,	1	1
CA	UNDERLYING CONDITION LAST.	01 .	10 1 1			
TIFI	(c)	Shronic	nephrit	-15		
CER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
٦	19A. DATE OF OPERATION 19B. MAJOR FINDINGS (OF OPERAT	ION		20. AL	TOPSY?
EDICA	21a. ACCIDENT. SUICIDE, HOMICIDE (Specify) about home, farm, factory, street.			f in Baltimore City,		
MET						
		NOT WHILE	21F, HOW DID INJURY	OCCURY		
	22. I hereby certify that I attended the deceased from		10., 1952-to M	arch 24 195	2, that I las	st saw the
	deceased alive on March 24. 1952, and that dea	th occurre	d at 9:15 Pn., from to	he causes and on the	he date sta	ted above.
	23A. SIGNATURE lo. Luck	238	27 Swale A	IF P	3 - 2 4	SIGNED -52
24		CEMETERY		OCATION (City, town,	or county)	(State)
	Burial 3-28-22 Balte	more	national Ba	Stimore	ADDRESS	M.
L(MAR 27 1952 + + + +	10/1	and leh A.	bollick	ADDRESS 2	
=	VS 150		4128. DAS	ton St.		
	91	1099				

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152 NO 2988

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 2988

8	PRTH NO.	188		CERTIFICAT	E OF DEATH	Registered No.	
1.	NAME OF E					2. DATE	
(1	Type or Print)	Harry B	rens			OF DEATH 3-16-	52
	. PLACE OF D	City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If inst	
В.	FULL NAME		al or institut	ion, give street address of	0.0	B. COUNTY	before admission)
H	OSPITAL OR	Baltimore	City	despitals location	C. CITY OR TOWN (I	f outside corporate fimils, w	rite RURAL and give
	51	14940 East	ern Av	Ĉ D	Bal timers	6	township)
	1			Yrs. Mos.	D. STREET ADDRESS (If		Eastern
		stay in Baltimore	43 :	Days	Baltimore City	Hespital Av	8 .
5	. SEX	6. COLOR OR RACE		E. MARRIED. /ED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (in years II Und last birthday) Month	er I Year Il Under 24 Hours
	Male	- sere		Single	Aug. 15,1596		120015 2011.
wor.	NA. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country) 12	. CITIZEN OF WHAT COUNTRY?
					Va.		WIAI COUNTRY
13	Calvin E				14. MOTHER'S MAIDEN N		
					Misseuri Gittli:	es (Girelies)	
15 (Ye	5. WAS DECEAS s, no or unknown)	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ADD	RESS
				OLOGINIT NO.	B. C. H. Recerds	, 4940 Eastern	Avo.
	18. / /	7 X .		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEA	SE OR CONDITION				.	ONSET AND DEATH
	(This does	LEADING TO DEA	of dying, e. g	(A) Carsin	one of left lung	s severe meero-	lyr
	heart failt	re, asthenia, etc. It mea complication which c	ns the diseas aused death	e, Sis (and Metastacia		
		ANTECEDENT CAUS	EEC				
z				(B)			
9	DISEASE RISE TO T	S OR CONDITIONS, I	F ANY, GIVIN	IG IE DUE TO			
AT	UNDERL	YING CONDITION LA	ST.	(C)			
F				(0)			
ERTIFICATION	OTHER S	II SIGNIFICANT CONDI	TIONS CON				
	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D			
U				FINDINGS OF OPER	RATION		20. AUTOPSY?
AL	. ggA	14, 1951	Bren	chegonie Cara	inoma		YES NO
EDICA		ENT WAS UNDER-	218. PLA	ACE OF INJURY (e. g., i	n or 21c. WHERE DID (If in Baltimore City, give	exact location)
Σ	21D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
	F INJURY WHILE AT NOT WHILE						
m. work AT WORK							
	22. I hereby certify that I attended the deceased from 7.29, 1946, to March 16, 1952, that I last saw the deceased alive on March 16, 1952, and that death occurred at 9 m., from the eauses and on the date stated above.						
	23A. SIGNA	TURE	10	ana inai aeain occa:	23B. ADDRESS	ne eduses and on the c	ac DATE SIGNED
		4.1.	165	Comment M. D.	4940 Eastern Ave	•	3c DATE SIGNED
24	4A. BURIAL, ON, REMOVAL (S	CREMA- 24B. DATE	_0	1111 01	RY OR CREMATORY 240. L	OCATION (City, town, or	equity) (State)
	OH, REMOVAL (2	3-27-	52 1	CAUVELL!	Kest 4	2/11/14/1/1	Le Rel
	ATE RECEIVE		SSIGNATU	IRE	25. FUNERAL DIRECTOR	AI	DDRESS
L	OCAL REGIST	1957 +	1 300 /	1/110	2 Bit cetion	today 13/8.	July tas
-	VS 150	truck time	A Start	Tallesontes at the	B-11		1)

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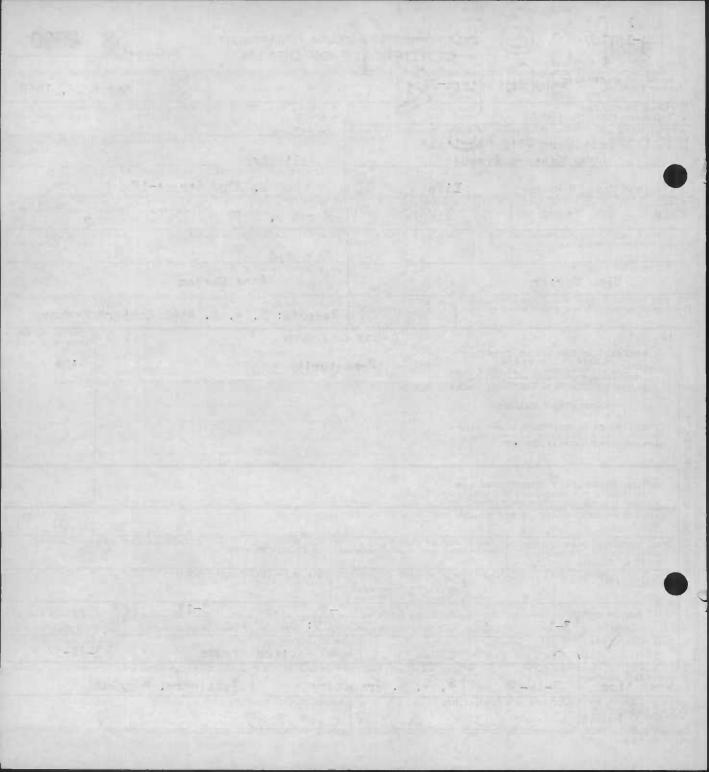
BALTIMORE CITY HEALTH DEPARTMENT

Registered No

CERTIFICATE OF DEATH NAME OF DECEASED (Type or Print) William P. Kerns 3-12-1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland (If not in hospital or institution, give street address or Baltimore City Hospitals B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Baltimore 4940 Eastern Ave. D. STREET ADDRESS (If rural, give location) Lastern Yra Baltimore City Hospitals, Life Avenue c. Length of stay in Baltimore Days 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) 9. AGE (In years | II Under I Year last birthday) Months Days Hours Min. 5. SEX 8. DATE OF BIRTH 6. COLOR OR RACE Mala March 17- 1867 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Bernard S. Kerns Ella Callahan 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, go or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMAN Baltimore City Hospicals SECURITY NO. Records: 4940 Eastern Ave. NTERVAL BETWEEN CAUSE OF DEATH CAZX ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Unknown Pulmenary Tuberculesis 3or 4 days bronckopneumonia heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) Arteriescleretie Cardine Vaccular Di-ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. C. P. S. of liver OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY Excision of skin lesion YES I July 6-1950 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED NOT WHILE! 22. I hereby certify that I attended the deceased from 8-15-. 1947, to 3-12-, 1952, that I last saw the deceased alive on 3-12- 1952, and that death occurred at 3.30M, from the causes and on the date stated above, 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 4940 Eastern Ave. Baltimore, Md. 3-26-1952 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OF CREMATORY 1411/11/11 DATE RECEIVED BY 25, FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAP VS 150

THE THE STATE OF T atonia in mile poli . 21 Text | To

325							
REA-157187	BALTIMORE CITY HE	ALTH DEPARTMENT	Registered No	2990			
BIRTH NO. 52-0546	7 CERTIFICATE	E OF DEATH	Registered No				
1. NAME OF DECEASEDBaby Boy (Type or Print)	1. NAME OF DECEASEDBaby Boy Watson-Jane 2. DATE OF DEATH March 12, 1952						
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W		stitution: residence before admission)			
B. FULL NAME OF (If not in hospital or	r institution, give street address or location)						
HOSPITAL OR Baltimere City 4940 Eastern A	"ospitals	Baltimore	outside corporate haits	township)			
A940 Mastern a	Yrs.	o. STREET ADDRESS (if r	ural, give location)				
c. Length of stay in Baltimore	Bife Mos. Days	400 E. 22nd					
5. SEX 6. COLOR OR RACE 7.	SINGLE, MARRIED, WIDOWED DIVORCED (Specify)	March 5, 1952	9. AGE (In years 1 line Mont	hs Days Hours Min.			
10A. USUAL OCCUPATION (Give kind of work dooe during most of working life, even if retired)	DB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Maryland	reign country) 1	2. CITIZEN OF WHAT COUNTRY			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA					
Zeak Carter		Jane Wa	son				
15. WAS DECEASED EVER IN U. S. ARMED FO (Yes, oo or unkoown) (If yes, give war or dates of a	ORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Records B. C. H	. 4940 Easter	n Avenue			
18. 776× 1	CAUSE	OF DEATH		INTERVAL BETWEEN			
DISEASE OR CONDITION DIE	Pose	aturity		Life			
(This does not mean the mode of dineart failure, asthenia, etc. It means the injury or complication which cause	he disease,	ia cui 10j	•••••				
ANTECEDENT CAUSES	ed death, our to						
	(B)		•••••				
RISE TO THE ABOVE CAUSE (A) ST. UNDERLYING CONDITION LAST.							
70	(C)						
DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STUNDERLYING CONDITION LAST. UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITION TRIBUTING TO THE OEATH, BUT NOT	ONS CON-						
TRIBUTING TO THE CEATH, BUT NOT TO THE DISEASE OR CONDITION CA	T RELATED						
19A. DATE OF OPERATION 19B.	MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?			
	21B. PLACE OF INJURY (e. g., in		in Baltimore City, giv	YES NO L			
	out home, farm, factory, street, office bldg., e	(c.) INJURY OCCUR?					
DD. TIME (Month) (Day) (Year) (He	WHILE AT NOT WHILE	21F. HOW DID INJURY	OCCUR?				
22. I hereby certify that I attend		3-5 , 152 , to	3-12 1952	that I last saw the			
deceased alive on 1-12, 1	952, and that death occur	red al:30A m., from th					
23A. SIGNATURE P.S. 2	logen M.D. 4	38. ADDRESS 1940 Eastern Avenu		23c. DATE SIGNED 3-21-52			
24a. BURIAL, CREMA- TION REMOVAL (Specify) Cremation 3-14-52	B. C. H. Crems	atory Balt	imore, Mary la				
DATE RECEIVED BY REGISTRAR'S S	DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS						
VS 150	The state of the s	4					



CERTIFICATE OF DEATH

Registered 20 2991

BI	RTH NO.						
	NAME OF D ype or Print)	ECEASED A	arry.	It. Fax		OF DEATH Mar	.24-1952
Α.		City, Maryland			4. USUAL RESIDENCE (V	Where deceased lived. If in B. COUNTY	nstitution: residence hefore admission)
H	FULL NAME DSPITAL OR ISTITUTION	Jany	al or instituti	on, give street address or location)	C. CITY OR TOWN (III	outside corporate limits,	write RULAL and give township)
7		3707,00	000111	Yrs.	D. STREET ADDRESS (If		
	ength of st	tay in Baltimore		Mos. Days	2907 Xlree	nmount	live
5.	SEX Mala	6. COLOR OR RACE	7. SINGLE WIDOW	MARRIED. ED, DIVORCED (Specify)	111 2 100 2		nder I Year If Under 24 Hours the Days Hours Min.
		CUPATION (Give kind of		OF BUSINESS OR	1. BIRTHPLACE (State or fe	oreign country)	2. CITIZEN OF
1	Blda 1	Muaclas		INDUSTRY	Baltimire	ml.	WHAT COUNTRY?
13	FATHER'S	IAME of			14. MOTHER'S MAIDEN N.	AME	
100	Henr	y tof			Mary G.	unney	
(Ye	, no or unknown)	D EVER IN U. S. ARMEI (If you, give war or date	of service)	16, SOCIAL SECURITY NO.	Musis Flest	rude Fol-	Greement
	18. 23	1 × 1		CAUSE	OF DEATH		INTERVAL BETWEEN
		E OR CONDITION	DIRECTLY	P.	1,2,1		ONSET AND DEATH
		not mean the mode of re, asthenia, etc. It mea	of dying, e. g		ral iluvyha	76	
	injury or	complication which	aused death.	DUE TO Corch	ral oderoni		
		ANTECEDENT CAUS	SES	0.	161.0		
NO	DISEASES	OR CONDITIONS, I	F ANY. GIVIN	G (B) Jew	ras cusonosco	im	
E	RISE TO T	HE ABOVE CAUSE (A)	STATING TH	E DUE TO	dal		
ICA				(C)	y		
TIF		11					
ERTI	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D			
U		F OPERATION 1		FINDINGS OF OPER	RATION		20. AUTOPSY?
AL	TOX. DATE O	OI EMAJOR I	55. MASON				YES NO
IEDICAL	21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING		CE OF INJURY (e. g., i		If in Baltimore City, gi	ve exact location)
Σ	F INJURY	Month) (Day) (Year)	v	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	Y OCCUR?	
	22 11 1		m.	WORK AT WORK	3/23 100	10	.1 . 7 7
		ive on 3 23			rred at 3/24 am., from t		that I last saw the
	23A. SIGNAT		10		238. ADDRESS	a CA - (a)	23c. DATE SIGNED
		Mus	prev	\$103 N M.b.	31054	Charles +4	3/2712
	ON REMOVAL (S Ourra		152	24C NAME OF CEMETE	RY OR CREMATORY 24D. L.	Sally M	or county) (State)
D.	ATE RECEIVED	BY REGISTRAR	\$ SIGNATU	RE CO CO	25. FUNERAL DIRECTOR	5305 16	ADDRESS P
	WAR 21	[334]		Wralley 1673	a percuere	7700	your ra

3103 N. Chulles.

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 2992

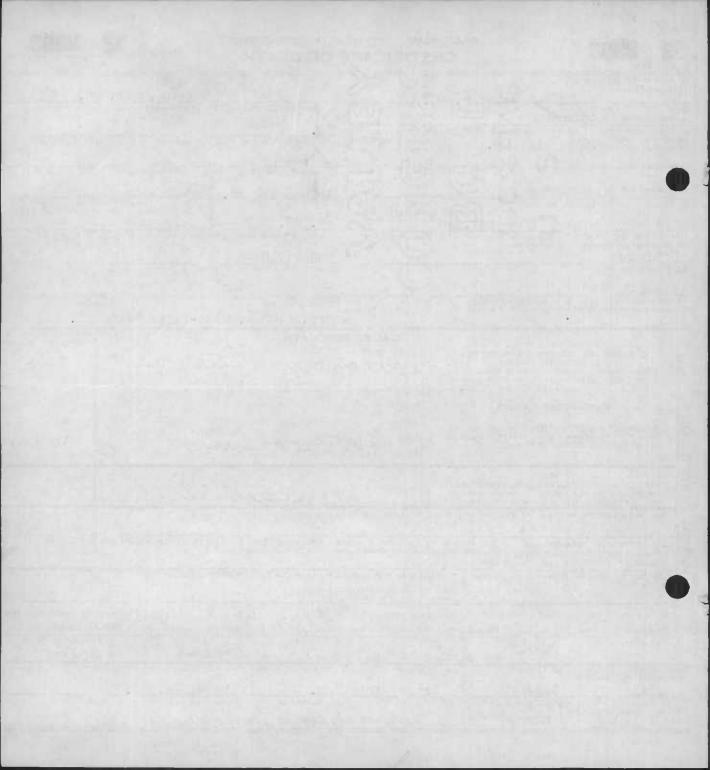
ВІ	RTH NO.
	NAME OF DECEASED adolph Zueiler 2. DATE OF DEATH May. 26-1952
	PLACE OF DEATH: A. USUAL RESIDENCE (Where deceased lived, If institution; residence Baltimore City, Maryland B. COUNTY before admission)
HC	FULL NAME OF (If not in hospital or institution, give struct address of location) SPITAL OR STITUTION (If not in hospital or institution, give struct address of location) C. CITY OR TOWN (If not in hospital or institution, give struct address of location) C. CITY OR TOWN (If not in hospital or institution, give struct address of location) (If not in hospital or institution, give struct address of location) (If not in hospital or institution, give struct address of location)
	6028 ald Harford & Dallimare Min
	ength of stay in Baltimore Yrs. O. STREET ADDRESS (If rural, give location) Mos. Days 23 Control
5.	SEX 6. COLOR OR RACE 7. SINGLE, WARRIED. 8. DATE OF BIRTH 9. AGE (in years it linder 24 Hours Min. WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours Min.
·	nale white woodowed une 21-1863 88
10.	A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Lettred Wholsterer Dallemare Md.
13	FATHER'S NAME
15	WAS DECEASED EVER IN U. S. ARMED ORCEST 16. SOCIAL 17 INFORMANT ADDRESS 23
(Yes	ADDRESS (If you, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS
	18. / CAUSE OF DEATH INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY
	LEADING TO DEATH
	(This does not mean the mode of dying, e.g., (A)
	0+ 0 01/ 01
7	ANTECEDENT CAUSES (B) Merio Selevoris & Myosorditis
Ö	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO
AT	UNDERLYING CONDITION LAST.
FIC	
RTI	OTHER SIGNIFICANT CONDITIONS CON-
E	TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?
CA	YES NO L
MEDI	218. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) CAUSE OF DEATH (If in Baltimore City, give exact location) INJURY OCCUR?
	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	m. WHILE AT NOT WHILE AT WORK
100	22. I hereby certify that I attended the deceased from Time 10, 1950, to March 26, 1952, that I last saw the
	deceased alive of Rack 26, 19 and that death occurred at 5: 4m., from the causes and on the date stated above.
	23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED 23C. DATE SIGNED 3156/52
24	Cardia Million
TIC	ta. BUNIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
	ATE RECEIVED BY RESISTRAN'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESSA
	MAR 27 1952 Huntington Williams Mars & Risk 5305 / Varfal.
1	VS 150

Dr. 7051 6805 40cK.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 2993

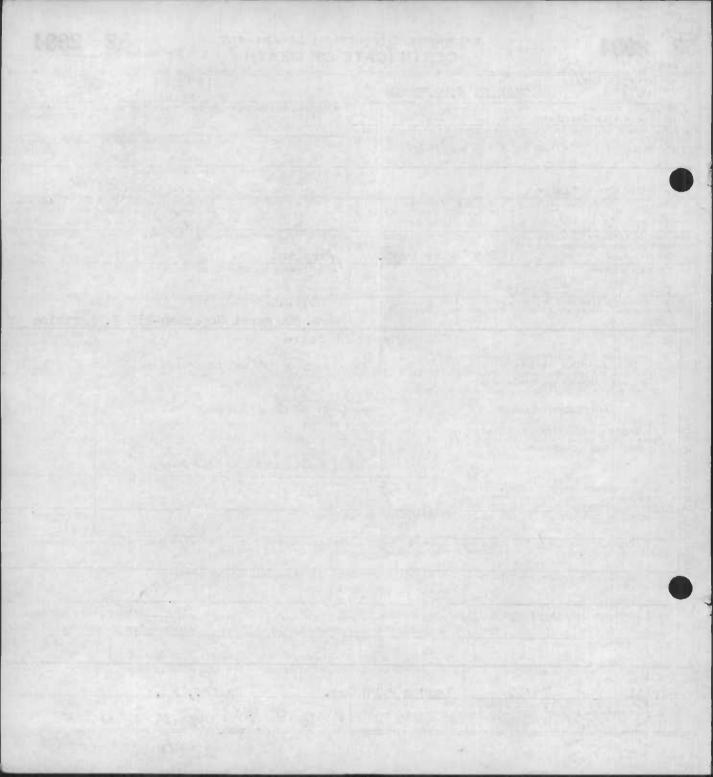
BI	RTH NO.						
1. (T	NAME OF E		ACOB D.	OTT		2. DATE OF DEATH Mar.	25, 1952
	PLACE OF E	EATH: City, Maryland	AUCD D.	- UII	4. USUAL RESIDENCE (
В.	FULL NAME OSPITAL OR STITUTION			ion, give street address or location)		f outside corporate limits,	write RURAL and give township)
7				Yrs.	Baltimore o. STREET ADDRESS (If	rural, give location)	
		tay in Baltimore		Mos. Days	180h Baker St.		
	SEX	6.COLOR OR RACE	WIDOW	E, MARRIED. ZED, DIVORCED (Specify)	8. DATE OF BIRTH		nder 1 Year H Under 24 Hours ths Days Hours Min.
worl	done during most	White CUPATION (Give kind of of working life, even if retired)	marri 108. KIND	OF BUSINESS OR INDUSTRY	Feb. 25, 1875 11. BIRTHPLACE (State or f	oreign country)	2. CITIZEN OF WHAT COUNTRY?
	Bricklay				Pennsylvania 14. MOTHER'S MAIDEN N	IAME	
1	William	Ott			- Adams		
1.5 (Ye	. WAS DECEAS , no or unknown)	ED EVER IN U, S. ARMET (1f yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Ruth A. Ot		DRESS r St.
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABDVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED					Years		
CERTIF	TRIBUTING	II SIGNIFICANT CONDI B TD THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	.o T.	Myocarde	lis	years.
AL	19A. DATE	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	RATION		YES NO
EDICA		DENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., i arm, factory, street, office bldg		If in Baltimore City, gi	ve exact location)
M	2 10. TIME F INJURY	(Month) (Day) (Year)	,	21E. INJURY OCCURR WHILE AT WORK AT WORK	ED 21F, HOW DID INJUR	Y OCCUR?	
	22. I hereb	y certify that I att	ended the	2	- A	3/25/, 1952, the causes and on the	that I last saw the
						3/25/52	
TI	AA. BURIAL.	CREMA 248. DATE		24c. NAME OF CEMETE		OCATION (City, town, o	or county) (State)
D	Burial ATE RECEIVE DCAL REGIST MAR 271		S SIGNATU	Druid Ridge	Cem. Pike	esville, Md.	ADDRESS
	VS 150	0				Bath	Md.



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 2994

8	IRTH NO.			CERTIFICATI	E OF DEATH		
	NAME OF E		ARLES N	.UPPERMAN		2. DATE OF DEATH	-25-52
A		City, Maryland 🗡		ion, give street address or	4. USUAL RESIDENCE	Where deceased lived, B. COUNTY	
11 11	OSPITAL OR	Franklin s	quare	Haspi Acation)	C. CITY OR TOWN	If outside corporate lin	mits, write RURAL and give township)
	length of s	stay in Baltimore		Yrs. Mos. Days	o. STREET ADDRESS (I	f rural, give location)	
5	M	6. COLOR OR RACE	WIDOW	E, MARRIED. ZED, DIVORCED (Specify)	4-20-188)	9. AGE (In years last birthday)	H Under 1 Year Months: Days Hours: Min.
wor	A. USUAL OC k done during most	CCUPATION (Give kind of of working life, even if retired)		of Business or INDUSTRY	11. BIRTHPLACE (State or Maryland	foreign country)	12 CITIZEN OF WHAT COUNTRY
1.	3. FATHER'S	NAME			14. MOTHER'S MAIDEN I	NAME	
	?	Upperma	n		?		
1 (Y	5. WAS DECEAS	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	no				Mrs. Margaret 1	Jpperman-335	E. Lorraine Av
	(This doe heart fail	SE OR CONDITION LEADING TO DEA: s not mean the mode of ure, asthenia, etc. It mean the complication which or	TH of dying, e. i ons the discas	g., (A) Cer	of DEATH ebral Hein	iorhag	INTERVAL BETWEEN ONSET AND DEATH
TIFICATION	RISE TO	ANTECEDENT CAUSES OR CONDITIONS, IN THE ABOVE CAUSE (A) LYING CONDITION LA	F ANY, GIVIN	NG HE OUE TO	gerleusi		en.
CER	TRIBUTIN	SIGNIFICANT CONDI G TO THE OEATH, BUT DISEASE OR CONDITION	NOT RELATE	LD .			
CAL	19A. DATE	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER			20. AUTOPSY?
EDIC	HOMICIDE	ENT, SUICIDE, (Specify)		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,		(If in Baltimore Cit;	y, give exact location)
Č	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK						
	22. I hereby certify that I attended the deceased from 3 - 4 1900 to 3 - 3 , 1900, that I last saw the deceased alive on 3 - 3 , 1900 and that death occurred at 3 m., from the causes and on the date stated above						
	23A. SIGNATURE Luclus M. O. Frankly of the St. 23c. DATE SIGNE						
7	4A. BURIAL,	CREMA- 24B. DATE Specify)		24c. NAME OF CEMETE		LOCATION (City, to	wn, or county) (State)
	Burial ATE RECEIVE		S SIGNATIL	Loudon Park C	em. Bal 25-FUNERAL DIRECTOR		ADDRESS
=	VS 150	1002 1100000	i	No.	Silver J. J.	Batto 1	7 md.

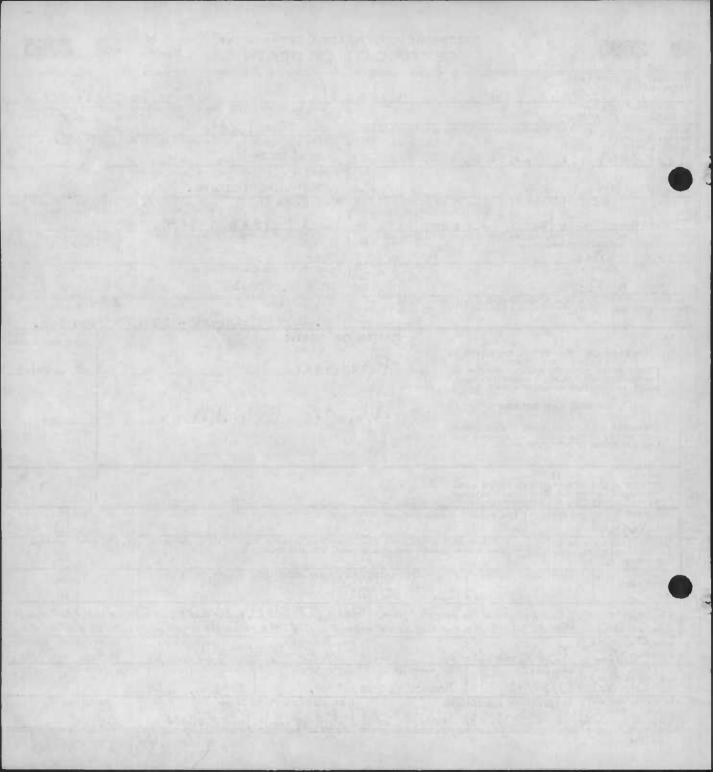


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 52 2995

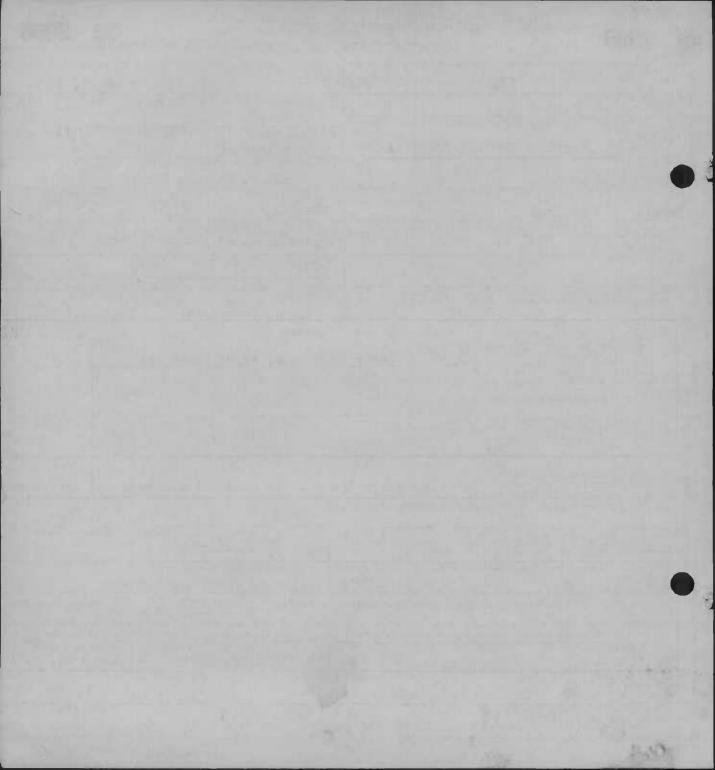
	IRTH NO.			CERTIFICATI	E OF DEATH	Negistered	110
1.	NAME OF D	- 1	^		-	2. DATE OF	00-0
3.	PLACE OF D	DARAH	<u>-1</u>	Links	L . USUAL RESIDENCE (Where dcceased lived.	Ich 26 1952 If institution: residence
-		City, Maryland			A. STATE	B. COUNTY	before admission)
H	FULL NAME OSPITAL OR	OF (If not in hospit	al or institut	ion, give street address or location)	c, CITY OR TOWN (I	f outside corporate A.	nits, write R LEAL and give
II	ISTITUTION	ntnoe he	de e.		Baltimore	15	township)
			0	Yrs.	D. STREET ADDRESS (If	rural, give location)	
6		tay in Baltimore		Mos. Days	2009 Cheston	Ave.	
5.	SEX	6. COLOR OR RACE		E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	H Under 1 Year H Under 24 Hours Inches Days Hours Min.
	emale	wh.te		owed	March 7, 1864	88	
MOL.	A. USUAL OC k done during most	CUPATION (Give kind of of working life, even if retired)	108. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or 1	foreign country)	12. CITIZEN OF WHAT COUNTRY?
15	HOUSE B. FATHER'S			at home	Ohio		
13					14. MOTHER'S MAIDEN N	IAME	
1 6	John De	ennick Ed ever in U. S. Armei	FORCES	1.10.000111	Anna V. Arnold		<u> </u>
(Ye	e, no or unknown)	(If yes, give war or date	s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
-					Mr. Harold Link	ert - 2009 C	
	18. 49	3 X 1		CAUSE	OF DEATH		ONSET AND DEATH
		SE OR CONDITION LEADING TO DEA	TH	Pina			2
	heart failu	re, asthenia, etc. It mea	ns the diseas	e,	nwowig	***************************************	3 weeks
	injury or	complication which	aused death	.) DUE TO			
7		ANTECEDENT CAUS	SES	Aug.	cular F. bail	laking	1 2 da s
ATION	DISEASES	S OR CONDITIONS, I	F ANY, GIVIN	1G		L[15[.]15[2]	
AT	UNDERLY	ING CONDITION LA	ST.	(C)			
FIC				(0)		***************************************	
RTI	OTHER S	II SIGNIFICANT CONDI	TIONS CON	٧.			
CEF	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	.D			
ļ .				FINDINGS OF OPER	ATION		20. AUTOPSY?
AL	Nov	ne					YES NO X
EDIC.		ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		If in Baltimore City	give exact location)
Σ		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
	F INJURY WHILE AT NOT WHILE AT WORK AT WORK						
	22. I hereby certify that I attended the deceased from Moreh 25, 1952, to March 26, 1953, that I last saw the						
	deceased alive on March 25, 19 52, and that death occurred at 11:45 A.m., from the causes and on the date stated above.						
	23A. STENA	TURE /	040 70	2	13 OK COLES	00	23c. DATE SIGNED
	4A. BURIAL.	my lett	ense	M. D.	10-11-11-11	OCATION (City, tow	may 26, 1952
TI	on, REMOVAL (S	peoffy)		245. NAME OF CEMETE Memorial Park			n, or county) (State)
D	ATE RECEIVE				25 FUNERAL DIRECTOR	ton, Ohio	ADDRESS
L	MAR 27		uglon	Valianes No	JAm. Vi	clever &	Dans
-	V\$ 150	18-8-4-	0-	4/1	2 / 2	1) -	- nn
1					/	Dallo	11, ma.



CERTIFICATE OF DEATH BIRTH NO NAME OF DECEASED 2. DATE (Type or Print) JARDEN LILLIE DEATH March 26, 1952 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF of not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give Maryland General Hospital Baltimore o. STREET ADDRESS (If rural, give location) Yrs. Mos Length of stay in Baltimore 321 W. Hoffman Street Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF 9. AGE (In years) Il Under 1 Year ast birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) female colored 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR ACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY INDUSTRY 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknowo) (If yes, give war or dates of service) SECURITY NO INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Lobar pneumonia, right upper and (This does not mean the mode of dying, c. g., heart failure, asthenia, etc. It means the disease, pur-To middle lobes injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED Scars in brain - old subdural hematoma and adhesions TO THE DISEASE OR CONDITION CAUSING IT 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 21c. WHERE DID 21B, PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING M OR CONTRIB-OTING D CAUSE OF DEATH about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 321 W. Hoffman Street home 21F. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED April 1 NOT WHILE Fell down steps - outside WORK autopsy 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], accident [], suicide [], homicide [], undetermined []. 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER... ASSISTANT MEDICAL EXAMINER March 26. M.D. MEDICAL INVESTIGATOR BURIAL, CREMA- | 248, DATE NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) TION, REMOVAL (Specify) una RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR LOCAL REGISTRAR

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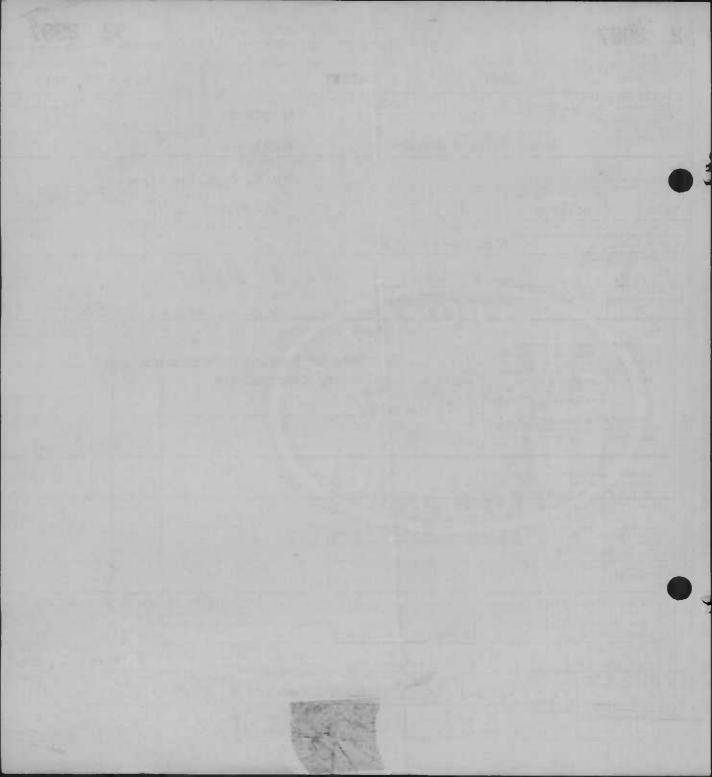


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) **JOHN** SALLEY OF March 21, 1952 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland B. COUNTY of not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside cor drate limits, INSTITUTION Johns Hopkins Hospital Baltimore D. STREET ADDRESS (If rural, give location) Mos. 704 N. Caroline Street Length of stay in Baltimore Days SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In year | Months Days Hours: Min. It Under 24 Hours WIDQWED, DIVORCED (Specify) male colored 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 0. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? SOCIAL (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO 002X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Spontaneous tension pneumothorax (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO pulmonery tuberculosis injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Ē OTHER SIGNIFICANT CONDITIONS CON TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT ш U 19A. DATE OF OPERATION . 1 19B, MAJOR FINDINGS OF OPERATION 20. AUTOPSYT 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING [] OR CONTRIB-UTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE AT WORK WORK 22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes XI, accident [], suicide [], homicide [], undetermined []. 23A. SIGNATURE 23c. DATE SIGNED March 22, 1952 MEDICAL INVESTIGATOR 24A. BURIAL, CREMA- 24B. 24c. NAME OF CEMETERY 24D. LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

gistered 52 2998

BIRTH NO.	CERTIFICAT	E OF DEATH	Registered Wor	to COO
1. NAME OF DECEASED			Lo DATE	
(Type or Print)	MONTALBRI	160	of MAR 25	5 1952
3. PLACE OF DEATH:	LIONIHIDHI	V() 4. USUAL RESIDENCE (W		
A. Baltimore City, Maryland		A. STATE	B. COUNTY	before admission)
B. FULL NAME OF (If not in hospital or institu				21-
HOSPITAL OR INSTITUTION	location)	C. CITY OR TOWN , (If	outside corporate dimits, w.	
JOHNS HOPKINS H	OSPITAL	Baltima	HO Los	township)
	Yrs.	o. STREET ADDRESS (If	rural, dive location)	DALK MD
c. Length of stay in Baltimore	40 Yrs Mos. Days	12720 B	MONHINGS	J A.10
	LE, MARRIED.	8. DATE OF BIRTH	9. AGE (in years) If Unde	or I Year H Under 24 Hours
	WED, DIVORCED (Specify)	10 7.00	last birthday) Months	Days Hours Min.
	rarried	12-1-73	5-8	
10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired)	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country) 12.	. CITIZEN OF WHAT COUNTRY?
Pipefitter	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Cinciano-Girgent	i(Italy)	WIAI COUNTRI
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
Giuseppe Montalban	0	Giovanna Mor	talbano	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?				
(Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDE	RESS
110	212-14-0390	JOHNS F	HOPKINS HOSPITA	•
18. 1921	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	A	man long	and to	>
(This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the disea	g., (A)	Emeration	govinio	
injury or complication which caused dear	th.) OUE TO		¥	
ANTECEDENT CAUSES				
	(8)			
O DISEASES OR CONDITIONS, IF ANY, GIV	ING	***************************************		
RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST.	THE OUE TO			
0	(C)			***************************************
DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE OBSERVE OR CONDITION CAUSING TO THE OISEASE OR CONDITION CAUSING				
OTHER SIGNIFICANT CONDITIONS CO	N.			
TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING				
	R FINDINGS OF OPER	PATION		20. AUTOPSY?
- 0				
Ü 21. ASSIDENT WAS 1915ED 218 PI	ACE OF INJURY (e. g., I	n or 21c. WHERE DID (I	f in Baltimore City, give	YES NO
21a. ACCIDENT WAS UNDER. 21b. PL LYING OR CONTRIBUTING about home CAUSE OF DEATH	e, farm, factory, street, office bldg.,	INJURY OCCUR?	in Daitimore City, give	exact location)
210. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
F INJURY	WHILE AT NOT WHILE			
	WORK AT WORK		0.0	
22. I hereby certify that I attended the	e deceased from 3-	23 - 1952 to 3-	- 25- , 1952, tl	hat I last saw the
deceased alive on 3- 25-, 195 k	and that death occur	1000 00- 110110 01	he causes and on the d	
23A. SIGNATURE	1 1 1 2	38. ADDRESS HOPKIN	12 HO2LIL	3c. DATE SIGNED
1 X Z U	ells M.O.	JOHNS 110	3	3-25.52
24A. BURIAL, CREMA- 24B. DATE	24C. NAME OF CEMETE	RY OR CREMATORY 240, LC	OCATION (City, town, or o	county) (State)
Burial March 28/52	Spened Weamt	lamed and	winn m.	21.000
	Sacred Heart (an Hill Rd. Da	
DATE RECEIVED BY REGISTRAR'S SIGNAT	UKE.	25 FUNERAL BURECTOR		DDRESS
MAR 27 1952 Hunting to 1	Misuma LED	Avanle Wolla	wer 322 s.Hi	gh St.
VS 150		ha , i i		
	5	7424		

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BALTIMORE CITY HEALTH DEPARTMENT 52 2999

BIR	TH NO.		CERTII	TICATE	OF DEATH	registered	
I. NAME OF DECEASED John Feher						2. DATE OF DEATH	ch 24/52
3. PLACE OF DEATH: A. Baltimore City, Maryland					4. USUAL RESIDENCE (Where deceased lived, I	before admission
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION ST. Agnes HOSPITAL WILKENS Ve. Caton Ave.						If outside corporate ligh	its, write MURAL and give township
Yrs. Mos. Days					o. STREET ADDRESS (If rural, give location) 4417 Wilkens ve.		
	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. White WIDOWED, DIVORCED (Specif				8. DATE OF BIRTH 9. AGE (In years It Under 1 Year Months: Days Hours Min. Sept. 24, 1884 67		
10A Sh	10A. USUAL OCCUPATION (Give kind of park done during most of working life even if retired) Sheet Metal worker Brandt & Son			ess or INDUSTRY ON	11. BIRTHPLACE (State or Hungary		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAMEPeher					14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO.					17. INFORMANT ADDRESS AVERS AVER AUTOMOTION AND AUTOMOTION AND AUTOMOTION AND AUTOMOTION AND AUTOMOTION ADDRESS AUTOMOTION AUTOM		
RTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TD THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) (B) (B) (C) (C)				enan occ enis Iscles	lusien	15 minus 8 mos Unsum
CERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NDT RELATEO TO THE DISEASE DR CONDITION CAUSING IT.						
	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER				ATION		20. AUTOPSY?
EDICA	CAUSE OF DEATH						
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK							
24	22. I hereby certify that I attended the deceased from 22 Aug., 1951, to 24 Mem., 1952, that I last saw the deceased alive on 24 Mem., 1952, and that death occurred at 3 mm., from the causes and on the date stated above 230 SIGNATURE 235 ADDRESS 236 DATE SIGNED 246. NAME OF CEMETERY OF CREMATORY 240. LOCATION (City, town, or county) (State) our 18.1 247 March 28 /52—Loudon Park, 3801 Frederick Rd. Balto. 29, Md.						
DA	TE RECEIVE CAL REGIST	D BY REGISTRAR	s signature glon Villiam	1	25. FUNERAL DIRECTOR		ADDRESS Mondson Ave
i.				5	V9/3E		

CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE DEATH March 26, 1952 (Type or Print) HOWARD NICKOLS NICOIS S. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF if not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) University Hospital Baltimore o. STREET ADDRESS (If rural, give location) Yrs. Mag 5624 Midwood Avenue ength of stay in Baltimore Days 6. COLOR OR RACE 7. SINGKE, MARRIED 9. AGE (In years If Under I Year If Under 24 Hours last birthday) Months: Days Hours Min. WIDOWED, DIVORCED (Specify) male 108. KIND OF USUAL OCCUPATION (Give kind of BUSINESS OR BIRTHPLACE (State of foreign country) WIZEN OF ork done during most of working life, even if retired) · INDUSTRY elaler HER'S NAME 5. WAS DECLASED EVER IN U. S. ARMED FORCES?
es. Do et unknown) (If yes, give war or days of service) 16. SOCIAL ADDRESS SECURITY NO NTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic cardiovascular disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUF TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OFATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ш 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY? VEC 21B. PLACE OF INJURY (e. g., io or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?

UNDERLYING | OR CONTRIB UTING [] CAUSE OF DEATH. 210. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED WHILE AT

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquirythereon and from. Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes I, accident |, suicide |, homicide |, undetermined |

23A. SIGNATURE

OF INJURY

24B. DATE

ME OF CHMETERY OR CREMATORY

23B. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER. March 26. 1952 MEDICAL INVESTIGATOR

24N LOCATION (City, town, or count

CREMA-

DATE RECEIVED BY LOCAL REGISTRAR

SIGNATURE

PARECTOR

ADDRESS

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